CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00020673	ion Filers)	2 Total pages file 20	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Jane			Date Received ELECTRONICA	
	NIOVALANE			OUEELV	01/15/2019	
	NICKNAME	LAST Nelson		SUFFIX	01/13/2019	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P. O. Box 608				Receipt#	Amount
Change of Address	Grapevine, TX 76099					
onange on namese	Grapevine, 1X 70033				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mr.	James Michae	I			
	NICKNAME	LAST		SUFFIX		
	WORLD WILL	Nelson		331117		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EACE):	ADT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	8601 Lighthouse Drive	BOX PLEASE),	API	7 SOITE #, CITT,	SIA	TE, ZIP CODE
(Residence or Business)	Flower Mound, TX 75022					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
TREASURER PHONE	(940) 898-8301					
8 REPORT TYPE	X January 15	30th day before	election F	Runoff	15th day after cam	
				_	appointment (office	
	July 15	8th day before 6	election E	Exceeded \$500 limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2018	TH	IROUGH	12/31/2018	8	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)		ı	12 OFFICE SOUGHT	(if known)	
III OFFICE	OFFICE HELD (if any) State Senator District 12			12 OFFICE SOUGHT	(II KIIOWII)	
	State Seriator District 12					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Nelson, Jane (The Ho	onorable)	14 Filer ID (00020673	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual expenditual expenditual expenditual expenditual expenditures may have been made without defice holders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		L AL CONTRIBUTIONS OF \$50 OR LESS (OTHER [*] ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 1,780.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 531,054.00
EXPENDITURE TOTALS	ITEMIZED	\$ 3,756.55		
		\$ 334,749.05		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 1,655,945.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Jane Nelson	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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					3 01 203
18 FIL	ER NAN	ME	19 Filer ID	(Ethic	cs Commission Filers)
Ne	lson, Ja	ane (The Honorable)	00020673		
		E SUBTOTALS			SUBTOTAL AMOUNT
NA ————————————————————————————————————	ME OF	SCHEDULE		ــــــ	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	531,054.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	271,154.22
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	8,792.08
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	63,594.83
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	. Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	13,834.17
				•	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/64 Rpt: 4/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	ion Filers)
4	Date 09/07/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$10,000.00
_	Deignaignal	Austin, TX 78768-4609	C. Franksian (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78701-2471 pation / Job title (See Instructions)	Employer (See Instructions	<u>()</u>		
	i illoipai ooda		Employer (God moradorono	,		
	Date 10/04/2018	Full name of contributor X out-of-state PAC (ID#: CAZ PAC/Zeneca Contributor address; City; State; Zip Code	000279455)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Wilmington, DE 19803-2910 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		,	, ,, , (
	Date 10/08/2018	Full name of contributor x out-of-state PAC (ID#: CABOVIE PAC Contributor address; City; State; Zip Code North Chicago, IL 60064-1802	000536573)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor	00040279		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 2/64 Rpt: 5/203
2	FILER NAME Nelson, Jan	e (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4	Date 09/17/2018	5 Full name of contributor out-of-state PAC (II Adams, Neal 6 Contributor address; City; State; Zip Code	D#:)	7 Amount of Contribution (\$) \$500.00
		Grapevine, TX 76051-6741		
8	Principal occu Attorney	ipation / Job title (See Instructions)	9 Employer (See Instructions Adams, Lynch, Loftin &	
	Date Full name of contributor		Amount of Contribution (\$) \$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Date 10/19/2018	Full name of contributor out-of-state PAC (II Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$) \$1,000.00
	Principal occu	Houston, TX 77027-7537 upation / Job title (See Instructions)	Employer (See Instructions	S)
	Date 12/06/2018	Full name of contributor X out-of-state PAC (II American Rental Association of TX Contributor address; City; State; Zip Code Moline, IL 61265-4179	D#: C00107615)	Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Date 12/06/2018	Full name of contributor X out-of-state PAC (II Amgen PAC Contributor address; City; State; Zip Code Thousand Oaks, CA 91320-1730	I D#: C00251876)	Amount of Contribution (\$) \$2,500.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	5)
			•	

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 3/64 Rpt: 6/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 11/05/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Fort Worth, TX 76107-7378		Ĺ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 07/02/2018	Full name of contributor out-of-state PAC (II Andrews, Barry Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2,500.00
		Dallas, TX 75207-2308	1	Ĺ		
	Executive	pation / Job title (See Instructions)	Employer (See Instructions Andrews Distributing	is)		
	Date 08/21/2018	Full name of contributor out-of-state PAC (II Andrews Jr., Paul Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$1,000.00
	Deinsinal assu	Aledo, TX 76008-2408	Franksian (Coo Instructions			
	General Mar	pation / Job title (See Instructions) nager	Employer (See Instructions AFO Capital Ltd	15)		
	Date 10/04/2018	Full name of contributor X out-of-state PAC (II Anthem PAC Contributor address; City; State; Zip Code Washington, DC 20004-2513	D#: <u>C00197228</u>)		Amount of Contribution (\$)	\$7,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (II Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code Dallas, TX 75240-6337			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			•			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/64 Rpt: 7/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 11/06/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$10,000.00
_		Austin, TX 78768-2185				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 10/29/2018	Full name of contributor out-of-state PAC (ID#:_ Atmos Energy Corporation PAC Contributor address; City; State; Zip Code Dallas, TX 75240-2630			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/25/2018	Full name of contributor out-of-state PAC (ID#: BEEF PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Amarillo, TX 79106-4617 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_BNSF Rail PAC Contributor address; City; State; Zip Code Fort Worth, TX 76161-0039			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/15/2018	Full name of contributor	000060103		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION)	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 5/64 Rpt: 8/203
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020673
4	Date 07/06/2018	 Full name of contributor			7	Amount of Contribution (\$) \$2,500.00
8	Principal occu	North Richland Hills, TX 76180-5360 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
•	Retired		ľ	Retired	-,	
	Date 07/23/2018	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$10,000.00
	Principal occu	Argyle, TX 76226-2954 pation / Job title (See Instructions)	Г	Employer (See Instructions	<u> </u>	
	Businesswor	nan		Self		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Barnes, Margaret Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$100.00
		Denton, TX 76202-1454				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/01/2018	Full name of contributor out-of-state PAC (ID#:_Bartlett, Bryan Contributor address; City; State; Zip Code Colleyville, TX 76034-4163			•	Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/05/2018	Full name of contributor out-of-state PAC (ID#:_Bauman, Ron & Kay Contributor address; City; State; Zip Code Flower Mound, TX 75022-4454				Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/64 Rpt: 9/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/01/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_	Deignaignal annu	Fort Worth, TX 76132-4576	O Familia var (Con Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/08/2018	Full name of contributor out-of-state PAC (ID#:_ Beer Alliance of Texas Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-2656 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#:_ Bell Helicopter Textron PAC Contributor address; City; State; Zip Code Fort Worth, TX 76101-0482			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2018	Full name of contributor out-of-state PAC (ID#:_Berry, Michael Contributor address; City; State; Zip Code Fort Worth, TX 76116-2025			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Hillwood)		
	Date 07/19/2018	Full name of contributor out-of-state PAC (ID#:_ Betsy Price Campaign Contributor address; City; State; Zip Code Fort Worth, TX 76185-0066			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/64 Rpt: 10/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/31/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
		Aubrey, TX 76227-1760				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 07/06/2018	Full name of contributor out-of-state PAC (ID#:_Black Jr., Thomas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Flower Mound, TX 75028-2266 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Attorney	,	Self	,		
	Date 09/06/2018	Full name of contributor out-of-state PAC (ID#:_ Blagg, Gary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Grapevine, TX 76051-3532				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/24/2018	Full name of contributor out-of-state PAC (ID#:_Boyle Jr., John Contributor address; City; State; Zip Code Irving, TX 75061-2135			Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Boyle & Lowry, LLP)		
	Date 10/01/2018	Full name of contributor x out-of-state PAC (ID#:_ Bristol-Myers Squibb Company PAC Contributor address; City; State; Zip Code Washington, DC 20004-3634	C00035675)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/64 Rpt: 11/203	
2	FILER NAME Nelson, Jane	(The Honorable)		3	Filer ID (Ethics Commission 00020673	ion Filers)
4	Date 09/17/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Fort Worth, TX 76107-3955	O Faralassa (Osa lastrusticas			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/13/2018	Full name of contributor out-of-state PAC (ID#:_ Burgher, Jeffrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Coppell, TX 75019-3978		<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/10/2018	Full name of contributor out-of-state PAC (ID#:_ Burnett, Quentin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Cushing, TX 75760-6352				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/08/2018	Full name of contributor out-of-state PAC (ID#:_ Burt Solomons Campaign Contributor address; City; State; Zip Code Carrollton, TX 75011-7264			Amount of Contribution (\$)	\$1,000.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/29/2018	Full name of contributor out-of-state PAC (ID#:_ Butt, Charles Contributor address; City; State; Zip Code San Antonio, TX 78204-1317			Amount of Contribution (\$)	\$10,000.00
	Principal occu Businessma	oation / Job title (See Instructions)	Employer (See Instructions HEB Grocery	5)		
		·				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 9/64 Rpt: 12/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/16/2018	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
_		Tyler, TX 75707-1675					
8	Principal occu President &	pation / Job title (See Instructions) CEO	9	Employer (See Instructions UT Health Northeast)		
	Date 12/06/2018	Capelo, Jaime	PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Consultant			Capelo Law Firm			
	Date 10/04/2018	Full name of contributor out-of-state Carr, Brent Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76135-4404					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/05/2018	Full name of contributor out-of-state Castle, Danette Contributor address; City; State; Zip Code Lubbock, TX 79411-1516)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions TX Council of Communi		Centers	
	Date 10/15/2018	Full name of contributor \(\times\) out-of-state Caterpillar Employees PAC Contributor address; City; State; Zip Code Peoria, IL 61629-0001	PAC (ID#: <u>C00</u>	148031)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/64 Rpt: 13/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/12/2018	5 Full name of contributor CenterPoint Energy Com6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$2,500.00
_		Houston, TX 77210-4567	. 1		L		
8	Principal occu	pation / Job title (See Instructions	S)	9 Employer (See Instructions	s)		
	Date 10/03/2018	Full name of contributor Chapman, Randall Contributor address; City; S)	•	Amount of Contribution (\$)	\$500.00
		Austin, TX 78704-4611 pation / Job title (See Instructions	s)	Employer (See Instructions	S)		
	Retired			Retired	_		
	Date 10/04/2018	Full name of contributor Charter Communications, Contributor address; City; S			•	Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/03/2018	Full name of contributor Childs, Tilden Contributor address; City; S Fort Worth, TX 76109-10	tate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 09/18/2018	Full name of contributor Cichon, Jolanta Contributor address; City; S Flower Mound, TX 75022				Amount of Contribution (\$)	\$500.00
	Principal occu Oncologist	pation / Job title (See Instructions	s)	Employer (See Instructions Texas Oncology/US On		ogy/McKesson	

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 11/64 Rpt: 14/203		
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)	
4	Date 07/16/2018	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00	
•	Dringing Lagge	Fort Worth, TX 76102-3809	_	Employer (Co.) Instructions	<u></u>			
0	VP Governm		9	Employer (See Instructions Smart Start, Inc	»)			
	Date 07/11/2018	Full name of contributor out-of-state PAC (ID#: Cole, Marion Contributor address; City; State; Zip Code Stephenville, TX 76401-1625			•	Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)			
	Date 08/27/2018	Full name of contributor)		Amount of Contribution (\$)	\$250.00	
		Denton, TX 76205-5487						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Date 09/18/2018	Full name of contributor out-of-state PAC (ID#:_ Coleman, Michael Contributor address; City; State; Zip Code Westworth Village, TX 76114-4104)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)			
	Date 10/04/2018	Full name of contributor X out-of-state PAC (ID#: C Comcast Corporation & NBCUniversal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103-2838	:00)	•	Amount of Contribution (\$)	\$3,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to comple	ete this form	n.	1	Total pages Schedule A1: Sch: 12/64 Rpt: 15/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 09/15/2018	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Denton, TX 76205-6916					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 07/19/2018	Cooper, Kenneth)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75254-8645		- 100			
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Cooper Clinic)		
	Date 09/20/2018	Full name of contributor out-of-state Cooper, Kenneth Contributor address; City; State; Zip Code	e PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Dringinal occu	Dallas, TX 75254-8645 pation / Job title (See Instructions)		Employer (See Instructions			
	Physician	pation / Job title (See instructions)		Cooper Clinic	,		
	Date 12/07/2018	Costa, Dianne & Dennis)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas Oncology)		
	Date 07/11/2018	Cox, James)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/64 Rpt: 16/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 09/17/2018	5 Full name of contributor Crawford Jr., R.L.6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
_	<u> </u>	Denton, TX 76201-4148	, 1				
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Date 10/09/2018	Full name of contributor Cruser, Kevin Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occu	Austin, TX 78745-2757 pation / Job title (See Instructions		Employer (See Instructions	;) 		
	i ilicipai occu	pation / 300 title (See matactions	,	Employer (See instructions	"		
	Date 10/04/2018	Full name of contributor Dannenbaum, James Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5,000.00
		Houston, TX 77019-1002					
	Principal occu Engineer	pation / Job title (See Instructions	5)	Employer (See Instructions Dannenbaum Engineeri	•	Corp	
	Date 08/24/2018	Full name of contributor DeMarzo, Alexander Contributor address; City; Si Flower Mound, TX 75028	ate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor Deloitte PAC Contributor address; City; Si Washington, DC 20044-0		00211318		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
			'				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/64 Rpt: 17/203			
2	FILER NAME Nelson, Jan	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)		
4	Date 07/26/2018	Full name of contributor		7	Amount of Contribution (\$)	\$250.00		
		Aubrey, TX 76227-3029						
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 10/22/2018	Full name of contributor out-of-state PAC (ID#:_ DentaQuest PAC TX Contributor address; City; State; Zip Code Nashville, TN 37203-6822			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/08/2018	Full name of contributor out-of-state PAC (ID#: Dixon, Don Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		San Antonio, TX 78209-4734						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/22/2018	Full name of contributor out-of-state PAC (ID#:_ Doran, Laird Contributor address; City; State; Zip Code Houston, TX 77077-2026			Amount of Contribution (\$)	\$500.00		
	•	npation / Job title (See Instructions) nior Counsel	Employer (See Instructions The Friedkin Group)				
	Date 09/01/2018	Full name of contributor out-of-state PAC (ID#:_ Duggins, Ralph Contributor address; City; State; Zip Code Fort Worth, TX 76116-7307)		Amount of Contribution (\$)	\$2,500.00		
	Principal occu Attorney	ppation / Job title (See Instructions)	Employer (See Instructions Cantey & Hanger, LLP)				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 15/64 Rpt: 18/203	
2	FILER NAME Nelson, Jane	(The Honorable)		3	Filer ID (Ethics Commission 00020673	n Filers)
4	Date 09/13/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Royse City, TX 75189-4649 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
•	Attorney	Sation 7 300 title (See Instructions)	Self Employed	•)		
	Date 09/13/2018	Full name of contributor out-of-state PAC (ID#: Dunson, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occur	Glen Rose, TX 76043-4313 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	i illicipai occu	oution 7 oob title (occ motidetions)	Employer (See manucuona	,,		
	Date 08/08/2018	Full name of contributor out-of-state PAC (ID#: Duvall, Duncan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Colleyville, TX 76034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#: Easton, Darl Contributor address; City; State; Zip Code Euless, TX 76039-3248)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/11/2018	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/64 Rpt: 19/203			
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)		
4	Date 09/13/2018	 Full name of contributor	C00082792)	7	Amount of Contribution (\$)	\$3,000.00		
_		Indianapolis, IN 46285-0001						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 08/08/2018	Full name of contributor out-of-state PAC (ID#:_ Elsey, Dorothy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
	Principal occu	Grapevine, TX 76099-0519 pation / Job title (See Instructions)	Employer (See Instructions)				
		mpliance Analyst	Energy Transfer					
	Date 07/16/2018	Full name of contributor out-of-state PAC (ID#:_ Emery, Charles Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00		
		Lewisville, TX 75077-1771						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 10/12/2018	Full name of contributor out-of-state PAC (ID#:_ Energy Leaders PAC of Vistra Energy Contributor address; City; State; Zip Code Irving, TX 75039-2479)		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/08/2018	Full name of contributor out-of-state PAC (ID#:_ Ensweiler, Richard Contributor address; City; State; Zip Code The Colony, TX 75056-3459			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to con	nplete this forn	1.	1	Total pages Schedule A1: Sch: 17/64 Rpt: 20/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/22/2018	Eppstein, Bryan	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
_	Duinning Langu	Fort Worth, TX 76109-1514	lo-	Franklavan (Can Instructions			
8	Principal occu President &	pation / Job title (See Instructions) CEO		Employer (See Instructions The Eppstein Group)		
	Date 10/04/2018	Full name of contributor out-of Erben & Yarbrough Contributor address; City; State; Zip C Austin, TX 78701-2508	-state PAC (ID#: ode			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/28/2018	Full name of contributor out-of Erwin, Gay Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78746-5776					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Strategic Partnerships, I			
	Date 07/23/2018	Evans, Nancy	-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Dentist	pation / Job title (See Instructions)		Employer (See Instructions Self)		
	Date 10/04/2018	Full name of contributor out-of Farmer, Kandace Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL (NS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/64 Rpt: 21/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 12/06/2018	5 Full name of contributorFarmers Employee & Age6 Contributor address; City; S			7	Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78701-4042					
8	Principal occu	pation / Job title (See Instructions	s) 	9 Employer (See Instructions	s)		
	Date 09/17/2018	Full name of contributor Fertitta, Tilman Contributor address; City; S				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77027-9505 pation / Job title (See Instructions	s)	Employer (See Instructions	 s)		
	CEO	,		Landry's			
	Date 07/13/2018	Full name of contributor Feyten, Carine Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
		Denton, TX 76209-2076					
	Principal occu Chancellor/F	pation / Job title (See Instructions President	5)	Employer (See Instructions Texas Woman's Univer		,	
	Date 11/05/2018	Full name of contributor Filipetto, Frank Contributor address; City; S Aledo, TX 76008-2749)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Date 12/06/2018	Full name of contributor FirstCash, Inc. Multi-Cand Contributor address; City; S Fort Worth, TX 76102-250	ate; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	s)		
			l				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/64 Rpt: 22/203			
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)		
	Nelson, Jan	e (The Honorable)			00020673			
4	Date 08/20/2018	Full name of contributor		7	Amount of Contribution (\$)	\$100.00		
		Highland Village, TX 75077-6805						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)			
	12/03/2018	Focused Advocacy PAC				\$1,000.00		
		Contributor address; City; State; Zip Code						
		Austin, TX 78701-2442						
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)				
Date		Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	09/20/2018	Friends of Baylor Med Contributor address; City; State; Zip Code				\$1,000.00		
		Houston, TX 77010-3095						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	08/27/2018	Friends of Midwestern				\$1,000.00		
		Contributor address; City; State; Zip Code						
		Wichita Falls, TX 76308-1049						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	12/07/2018	Friends of TWU PAC				\$500.00		
		Contributor address; City; State; Zip Code						
		Austin, TX 78767-1026						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/64 Rpt: 23/203			
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)		
4	Date 12/06/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,000.00		
8	Principal occu	Dallas, TX 75380-3272 pation / Job title (See Instructions)	9 Employer (See Instructions					
0	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#:_ Friends of UT Southwestern Medical Center Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
	Principal occu	Dallas, TX 75230-1330 pation / Job title (See Instructions)	Employer (See Instructions)				
	Timolpai occa	patient y cos title (ese metadatone)	Employer (eee medacione					
	Date 12/03/2018	Full name of contributor out-of-state PAC (ID#:_ Friends of the University PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5,000.00		
		Austin, TX 78763-0552						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 08/30/2018	Full name of contributor out-of-state PAC (ID#:_Galloway, Joel Contributor address; City; State; Zip Code Plano, TX 75024-7467			Amount of Contribution (\$)	\$500.00		
	Principal occu Property Tax	pation / Job title (See Instructions) c Consultant	Employer (See Instructions Meritax)				
	Date 08/29/2018	Full name of contributor out-of-state PAC (ID#:_Garnett, Susan Contributor address; City; State; Zip Code Fort Worth, TX 76109-5233			Amount of Contribution (\$)	\$1,000.00		
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions MHMR of Tarrant Count					

	MONET	ARY POLITICAL CONTRIBUTIO	NS 	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 21/64 Rpt: 24/203		
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	ion Filers)	
4	Date 07/26/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00	
		Colleyville, TX 76034-1397					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ıs)			
	Date 08/15/2018	Full name of contributor out-of-state PAC (ID#: Gelbman, Itamar Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Dringing oggu	Flower Mound, TX 75022-6159	Employer (See Instructions				
	President	pation / Job title (See Instructions)	Gelbman International	15)			
	Date 10/04/2018	Full name of contributor X out-of-state PAC (ID#: C GenenPAC Contributor address; City; State; Zip Code	00199257)		Amount of Contribution (\$)	\$1,500.00	
		South San Francisco, CA 94080-4918					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
	Date 11/05/2018	Full name of contributor X out-of-state PAC (ID#: C General Motors Company PAC Contributor address; City; State; Zip Code Washington, DC 20001-1427	00076810		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
	Date 10/17/2018	Full name of contributor out-of-state PAC (ID#:_Good Government Fund Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129)		Amount of Contribution (\$)	\$10,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ıs)			
		l					

	MONET	ARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complet	te this form.	1 Total pages Schedule A1: Sch: 22/64 Rpt: 25/203
2	FILER NAME Nelson, Jane	e (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4	Date 09/13/2018	 Full name of contributor	PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701-5007		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)
	Date 10/04/2018	Full name of contributor x out-of-state Greenberg Traurig PAC Contributor address; City; State; Zip Code	PAC (ID#: <u>C00266585</u>	Amount of Contribution (\$) \$2,500.00
	Principal occu	Albany, NY 12207-2510 pation / Job title (See Instructions)	Employer (See Instructions)
		,		,
	Date 09/11/2018	Full name of contributor out-of-state Gulf States Toyota Inc State PAC Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77077-2026		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 10/04/2018	Full name of contributor out-of-state HCA Texas Good Government Fund Contributor address; City; State; Zip Code Irving, TX 75039-2478	PAC (ID#:)	Amount of Contribution (\$) \$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
	Date 10/04/2018	Full name of contributor out-of-state HOMEPAC of Texas Contributor address; City; State; Zip Code Austin, TX 78701-1957	PAC (ID#:)	Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
			1	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/64 Rpt: 26/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
8	Principal occu	Austin, TX 78701-2180 pation / Job title (See Instructions)	9 Employer (See Instructions)		
		,		,		
	Date 11/09/2018	Full name of contributor out-of-state PAC (ID#:_ HS Law PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Dringing aggr	Austin, TX 78701-1696	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/03/2018	Full name of contributor out-of-state PAC (ID#:_ Haines, Matthew Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Lake Dallas, TX 75065-2073				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/27/2018	Full name of contributor out-of-state PAC (ID#:_ Haley, Sheila Contributor address; City; State; Zip Code Lantana, TX 76226-6483)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/21/2018	Full name of contributor out-of-state PAC (ID#:_ Hamilton, Paul Contributor address; City; State; Zip Code Plano, TX 75024-3377)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/64 Rpt: 27/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/22/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$250.00
		Trophy Club, TX 76262-5642				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/16/2018	Full name of contributor out-of-state PAC (ID#:_ Hanson, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Arlington, TX 76012-5362 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Optometrist	pation / Job title (See instructions)	Insight Vision	·)		
	Date 09/11/2018	Full name of contributor out-of-state PAC (ID#:_ Harper-Brown, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Lewisville, TX 75077-1765				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor x out-of-state PAC (ID#: C Health Care Service Corporation Employees' PA Contributor address; City; State; Zip Code Chicago, IL 60601-5014			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Hendrickson, Lisa Contributor address; City; State; Zip Code Lantana, TX 76226-5535)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/64 Rpt: 28/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 09/19/2018	5 Full name of contributor out-of-state PAC (ID#:_ Hernandez, David 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
_		Lewisville, TX 75067-8304				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ HillCo PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78701-2458 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/13/2018	Full name of contributor out-of-state PAC (ID#:_ Holt, Mark Contributor address; City; State; Zip Code Lewisville, TX 75067-5705			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions MD Pediatric Associates			
	Date 09/24/2018	Full name of contributor out-of-state PAC (ID#:_ Houston Pilots PAC Contributor address; City; State; Zip Code Deer Park, TX 77536-3270			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 09/17/2018	Full name of contributor out-of-state PAC (ID#:_ Hughes Jr., Dan Contributor address; City; State; Zip Code San Antonio, TX 78212-3167			Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions) Dan A. Hughes Compan			

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 26/64 Rpt: 29/203
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020673
4	Date 10/04/2018	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00
_	Deireciant	El Paso, TX 79913-0220	_	Fanda and (Carabantan times	<u></u>	
8	Executive Ch	pation / Job title (See Instructions) nairman	9	Employer (See Instructions Hunt Companies	5)	
	Date 10/03/2018	Full name of contributor out-of-state PAC (ID#:_ Hutchens, Mia Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$250.00
	Principal occu	Austin, TX 78703-3347 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)	
		,		,	,	
	Date 07/30/2018	Full name of contributor out-of-state PAC (ID#:_ Independent Bankers Association of Texas PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$1,000.00
		Austin, TX 78701-1683				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 07/13/2018	Full name of contributor out-of-state PAC (ID#:_ Independent Insurance Agents of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78768-4487)		Amount of Contribution (\$) \$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 07/10/2018	Full name of contributor out-of-state PAC (ID#:_ J.D. Johnson Campaign Fund Contributor address; City; State; Zip Code Fort Worth, TX 76136-0021				Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/64 Rpt: 30/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	n Filers)
4	Date 09/05/2018	 Full name of contributor out-of-state PAC (ID#:_ Jackson, Rita Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$400.00
8	Principal occu	Flower Mound, TX 75022-6489 pation / Job title (See Instructions)	9 Employer (See Instructions	.)		
<u> </u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 08/17/2018	Full name of contributor out-of-state PAC (ID#:_ Jahn, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	Trophy Club, TX 76262-5526 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/25/2018	Full name of contributor out-of-state PAC (ID#: Jensen, Daniel Contributor address; City; State; Zip Code Fort Worth, TX 76109-1607			Amount of Contribution (\$)	\$500.00
	Principal occu VP Governm	pation / Job title (See Instructions)	Employer (See Instructions UNT Health Science Ce		r	
	Date 08/27/2018	Full name of contributor out-of-state PAC (ID#: Jester, Jill Contributor address; City; State; Zip Code		Tite	Amount of Contribution (\$)	\$250.00
	Principal occu	Denton, TX 76205-8262 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/30/2018	Full name of contributor out-of-state PAC (ID#: Jones, Milla Contributor address; City; State; Zip Code Dallas, TX 75204-5539			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/64 Rpt: 31/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
0	Dringing oggu	Austin, TX 78701-1686	9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/17/2018	Full name of contributor out-of-state PAC (ID#:_ K&L Gates LLP Committee For Good Governme Contributor address; City; State; Zip Code Dallas, TX 75201-7342			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/13/2018	Full name of contributor out-of-state PAC (ID#:_ Kaplan, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Plano, TX 75025-2206				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 08/20/2018	Full name of contributor out-of-state PAC (ID#:_ Kell, Kevin Contributor address; City; State; Zip Code Fort Worth, TX 76107-2420)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/05/2018	Full name of contributor out-of-state PAC (ID#:_ Khetan, Roger Contributor address; City; State; Zip Code Dallas, TX 75205-1905			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 29/64 Rpt: 32/203
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission Filers) 00020673
4	Date 08/29/2018	 Full name of contributor)	7	Amount of Contribution (\$) \$2,500.00
_	Dringing! aggs	Joshua, TX 76058-5230	•	Employer (See Instructions	<u></u>	
8	Administrato	pation / Job title (See Instructions)	9	Employer (See Instructions ABODE Treatment, Inc.		
	Date 09/13/2018	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$200.00
	Principal occu	Irving, TX 75063-3917 pation / Job title (See Instructions)		Employer (See Instructions	 s)	
	Date 07/19/2018	Full name of contributor out-of-state PAC (ID#:_Ku, Charles Contributor address; City; State; Zip Code Flower Mound, TX 75028-3501)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>	
	Date 09/07/2018	Full name of contributor out-of-state PAC (ID#:_ L. Dee Shipman Campaign Contributor address; City; State; Zip Code Denton, TX 76205-8304)		Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_Lange, Richard Contributor address; City; State; Zip Code El Paso, TX 79912-3430)	•	Amount of Contribution (\$) \$1,000.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Texas Tech University H		alth Sciences Center El Paso

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/64 Rpt: 33/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	n Filers)
4	Date 08/08/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
		Flower Mound, TX 75028-1839				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/23/2018	Full name of contributor out-of-state PAC (ID#:_ Lawrence, Bill & Grace Contributor address; City; State; Zip Code Highland Village, TX 75077-2752			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Consultant		Self Employed			
	Date 07/17/2018	Full name of contributor out-of-state PAC (ID#:_ Lebas, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Austin, TX 78701-1689				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 08/16/2018	Full name of contributor out-of-state PAC (ID#: Lewis, Gary Contributor address; City; State; Zip Code Lantana, TX 76226-4344			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/16/2018	Full name of contributor out-of-state PAC (ID#:_ Lewis, Gib Contributor address; City; State; Zip Code Fort Worth, TX 76111-1225			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 31/64 Rpt: 34/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/13/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Austin, TX 78760-7428 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Fillicipal occu	pation / 300 title (3ee instructions)	Employer (See Instructions	<i>,</i>		
	Date 10/17/2018	Full name of contributor X out-of-state PAC (ID#: CLOCKheed Martin Employees' PAC Contributor address; City; State; Zip Code	C00303024)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Arlington, VA 22202-3706 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/11/2018	Full name of contributor out-of-state PAC (ID#:_ Luce III, Thomas Contributor address; City; State; Zip Code Dallas, TX 75225-2470			Amount of Contribution (\$)	\$1,000.00
	Principal occu Businessma	pation / Job title (See Instructions) n	Employer (See Instructions Self)		
	Date 10/09/2018	Full name of contributor out-of-state PAC (ID#:_Luke, Juli Contributor address; City; State; Zip Code Corinth, TX 76210-2270			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/15/2018	Full name of contributor out-of-state PAC (ID#:_Lumley, Lisa Contributor address; City; State; Zip Code Fort Worth, TX 76135-9645			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 32/64 Rpt: 35/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 12/07/2018	5 Full name of contributor MCNA Health Care Holdi6 Contributor address; City; S	-)	7	Amount of Contribution (\$)	\$5,000.00
_		Fort Lauderdale, FL 3330			_		
8	Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
	Date 07/09/2018	Full name of contributor Mach, Steven Contributor address; City; S)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77219-0630			<u></u>		
	VP Finance	pation / Job title (See Instruction	5)	Employer (See Instructions Mach Industrial Group	S)		
	Date 12/07/2018	Full name of contributor Magellan Health Inc TX C Contributor address; City; S			•	Amount of Contribution (\$)	\$2,500.00
		Columbia, MD 21046-270					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
	Date 09/15/2018	Full name of contributor Marple, William Contributor address; City; S Dallas, TX 75201-4631)	-	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		
	Date 09/27/2018	Full name of contributor Marsh, Ronda Contributor address; City; S Flower Mound, TX 75028)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 33/64 Rpt: 36/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/08/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Fort Worth, TX 76133-3401 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Ophthalmolo			Self	,		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_May, Brian Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		San Angelo, TX 76901-3631	_				
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Angelo State University			
	Date 08/30/2018	Full name of contributor out-of-state PAC (ID#:_ McAlister, Jana Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Argyle, TX 76226-1542					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/16/2018	Full name of contributor out-of-state PAC (ID#:_McClure, Madeline Contributor address; City; State; Zip Code Dallas, TX 75209-2405)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/06/2018	Full name of contributor	<u></u>)225342)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/64 Rpt: 37/203
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020673
4	Date 10/04/2018	 Full name of contributor		7	Amount of Contribution (\$) \$2,500.00
_		San Francisco, CA 94104-5255			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 08/08/2018	Full name of contributor out-of-state PAC (ID#:_ Meadows, William Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu	Fort Worth, TX 76107-1148 pation / Job title (See Instructions)	Employer (See Instructions	:)	
	Chairman	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hub International	,	
	Date 12/06/2018	Full name of contributor X out-of-state PAC (ID#: <u>\(\) Mednax PAC (ID#: \(\) Contributor address; City; State; Zip Code</u>	C00469205)		Amount of Contribution (\$) \$10,000.00
		Sunrise, FL 33323-2843			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 10/02/2018	Full name of contributor out-of-state PAC (ID#:_Meek, Dena Contributor address; City; State; Zip Code Little Elm, TX 75068-2256)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/02/2018	Full name of contributor out-of-state PAC (ID#:_Mehta, Hannah Contributor address; City; State; Zip Code Flower Mound, TX 75022-8452)		Amount of Contribution (\$) \$75.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 35/64 Rpt: 38/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	n Filers)
4	Date 08/01/2018	 Full name of contributor x out-of-state PAC (ID#: Microsoft Corporation Political Action Committee Contributor address; City; State; Zip Code 	e	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing aggr	Redmond, WA 98052-6301	Employer (Co.) Instructions	<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/17/2018	Full name of contributor out-of-state PAC (ID#: Mitchell, Lee Roy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Businessma		Cinemark Usa Inc.	',		
	Date 11/05/2018	Full name of contributor out-of-state PAC (ID#: Mohon, Monty & Michelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76110-6610				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/16/2018	Full name of contributor out-of-state PAC (ID#: Moncrief Jr., W.A. Contributor address; City; State; Zip Code Fort Worth, TX 76102-5418			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/15/2018	Full name of contributor out-of-state PAC (ID#: Moody, Ross Contributor address; City; State; Zip Code Austin, TX 78752-1638			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 36/64 Rpt: 39/203
2	FILER NAME Nelson, Jane	: (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4	Date 12/06/2018	 Full name of contributor		7 Amount of Contribution (\$) \$1,500.00
		Austin, TX 78701-3567		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	Date 12/06/2018	Full name of contributor	C (ID#:)	Amount of Contribution (\$) \$5,000.00
	Principal occu	Fort Worth, TX 76107-1862 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Date 10/04/2018	Full name of contributor out-of-state PAG NRG Energy PAC Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$1,000.00
	Dringing Loggy	Princeton, NJ 08540-6023	Employer/Coo Instructions	A
	Pilicipai occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 10/01/2018	Full name of contributor out-of-state PAG Nau III, John Contributor address; City; State; Zip Code Houston, TX 77219-0130	C (ID#:)	Amount of Contribution (\$) \$5,000.00
	Principal occu Chairman &	pation / Job title (See Instructions) CEO	Employer (See Instructions Silver Eagle Distributors	
	Date 09/05/2018	Full name of contributor out-of-state PAG Nelson, Spence Contributor address; City; State; Zip Code Highland Village, TX 75077-3140	C (ID#:)	Amount of Contribution (\$) \$275.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
			1	

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/64 Rpt: 40/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/30/2018	5 Full name of contributor Novartis PAC6 Contributor address; City; St	x out-of-state PAC (ID#: Cate; Zip Code	(200033969)	7	Amount of Contribution (\$)	\$2,500.00
		Washington, DC 20004-2					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 12/03/2018	Full name of contributor Nucor Corporation PAC Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Jewett, TX 75846-3374 pation / Job title (See Instructions	.)	Employer (See Instructions	z)		
	i ilicipai occu	pation / Job title (See matidetions	"	Employer (See mandenoris	·)		
	Date 07/19/2018	Full name of contributor Nye, Erle Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$500.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions		Employer (See Instructions	<u>''</u>		
	Consultant	pation / Job title (See Instituctions	·)	EN Consulting	·)		
	Date 07/13/2018	Full name of contributor O'Neal, Patricia Contributor address; City; Si Fort Worth, TX 76107-147	ate; Zip Code)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 09/20/2018	Full name of contributor O'Reilly Jr., Henry Contributor address; City; Si)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 38/64 Rpt: 41/203
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission Filers) 00020673
4	Date 11/29/2018	 Full name of contributor)	7	Amount of Contribution (\$) \$1,000.00
_	Duinning Langu	Dallas, TX 75254-8057	O Frankrija (Casa krativijatio na		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Oncor PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75202-1234			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
	Date 07/05/2018	Full name of contributor out-of-state PAC (ID#:_ Oneacre, Lee Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$250.00
		Dallas, TX 75230-5208			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 10/04/2018	Full name of contributor X out-of-state PAC (ID#: COME PNM Responsible Citizens Group Contributor address; City; State; Zip Code Albuquerque, NM 87158-0001	00025395		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()	
	Date 10/17/2018	Full name of contributor out-of-state PAC (ID#:_ PSEL PAC Contributor address; City; State; Zip Code Fort Worth, TX 76102-3129			Amount of Contribution (\$) \$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 39/64 Rpt: 42/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/08/2018	5 Full name of contributor Pack, Tony6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Southlake, TX 76092-5834 pation / Job title (See Instructions)		Employer (See Instructions	·/		
0	Vice Preside		9	Sam Pack Auto Group	•)		
	Date 09/17/2018	Full name of contributor Pape Wilson, Ann Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	5	Corinth, TX 76210-3068		-	<u> </u>		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 07/11/2018	Full name of contributor Patton Jr., Robert Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
		Fort Worth, TX 76107-487	8				
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Texas Capitalization Re		urce Group	
	Date 08/27/2018	Full name of contributor Paup, Ted & Nancy Contributor address; City; Sta	ate; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/13/2018	Full name of contributor Pavlik and Associates, L.P Contributor address; City; Sta	ate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	NO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 40/64 Rpt: 43/203	
2	FILER NAME Nelson, Jane	· (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 09/13/2018	 Full name of contributor out-of-state PAC (ID# Pennington, Paul Contributor address; City; State; Zip Code 	t:		7	Amount of Contribution (\$)	\$800.00
0	Dringing! goog	Carrollton, TX 75010-4458	ام	Employer (See Instructions	_		
8	Principal occu President	pation / Job title (See Instructions)	9	Employer (See Instructions PE Pennington & Comp		y, Inc.	
	Date 07/30/2018	Full name of contributor uut-of-state PAC (ID# Perdue, Brandon, Fielder, Collins & Mott, LLP Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Lubbock, TX 79408-0817	_				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 10/04/2018	Full name of contributor X out-of-state PAC (ID# Pfizer PAC Contributor address; City; State; Zip Code	t: <u>C0</u>	0016683)		Amount of Contribution (\$)	\$2,500.00
		New York, NY 10017-5703					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID# PharmPAC Contributor address; City; State; Zip Code Austin, TX 78757				Amount of Contribution (\$)	\$2,000.00
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/23/2018	Full name of contributor out-of-state PAC (ID# Pigman, Reed Contributor address; City; State; Zip Code Fort Worth, TX 76106-2782				Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Texas Jet, Inc.	()		
			1				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDU	LE A1
	The Instruc	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 41/64 Rpt: 44/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 11/15/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78768-2145	T	Ļ		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID Popp Hutcheson PLLC Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Austin, TX 78746-6919 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 08/27/2018	Full name of contributor out-of-state PAC (ID Raimer, Ben Contributor address; City; State; Zip Code Galveston, TX 77551-1571	#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions UTMB Health	s)		
	Date 10/15/2018	Full name of contributor x out-of-state PAC (ID Raytheon PAC Contributor address; City; State; Zip Code Arlington, VA 22209-3900	#: <u>C00097568</u>		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/04/2018	Full name of contributor	#: <u>C00344663</u>)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 42/64 Rpt: 45/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	n Filers)
4	Date 07/30/2018	5 Full name of contributor out-of-state PAC (ID#:_ Reynolds, Debbie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Bedford, TX 76021-4522 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	- Timoipai occu	pation 7 vob title (eee mondelions)	Campioyer (See manuchons			
	Date 08/16/2018	Full name of contributor			Amount of Contribution (\$)	\$250.00
	Dringinal occu	Fort Worth, TX 76135-5386 pation / Job title (See Instructions)	Employer (See Instructions			
	r inicipal occu	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 08/14/2018	Full name of contributor out-of-state PAC (ID#:_Romo, Joel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Chappell Hill, TX 77426-0114				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/05/2018	Full name of contributor out-of-state PAC (ID#:_ Rosinia, Francis Contributor address; City; State; Zip Code Fort Worth, TX 76107-1702			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/05/2018	Full name of contributor out-of-state PAC (ID#:_Ross, Susan Contributor address; City; State; Zip Code Fort Worth, TX 76109-1836			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUI	LE A1
	The Instru	ction Guide explains how to co	omplete this form	1.	1	Total pages Schedule A1: Sch: 43/64 Rpt: 46/203	
2	FILER NAME Nelson, Jane	(The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 07/19/2018	Rowling, Robert	-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5,000.00
_		Dallas, TX 75219-3241	-				
8	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions) Trt Holdings, Inc.)		
	Date 10/04/2018	Full name of contributor out- Rural Friends of Electric Cooper. Contributor address; City; State; Zip)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-2100 pation / Job title (See Instructions)		Employer (See Instructions)		
		(
	Date 09/11/2018	Full name of contributor out- Rush, Blayne Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Frisco, TX 75034-8415					
	Broker	pation / Job title (See Instructions)		Employer (See Instructions Rush Homes, LLC)		
	Date 12/06/2018	Full name of contributor out- Ryan Texas PAC Contributor address; City; State; Zip Dallas, TX 75240-5050)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/07/2018	Full name of contributor out- SCOPE Contributor address; City; State; Zip Amarillo, TX 79101-2510	-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			 				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 44/64 Rpt: 47/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 12/03/2018	 Full name of contributor	00526509)	7	Amount of Contribution (\$)	\$500.00
_		Columbus, OH 43235-2762				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#: San Antonio Professional Firefighters Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,624.00
	Principal occu	San Antonio, TX 78201-1755 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 07/11/2018	Full name of contributor out-of-state PAC (ID#:_Sanders, Nick Contributor address; City; State; Zip Code Trophy Club, TX 76262-9700			Amount of Contribution (\$)	\$500.00
	Principal occu CEO	pation / Job title (See Instructions)	Employer (See Instructions Combined Computer Re		urces, Inc.	
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_Schovanec, Lawrence Contributor address; City; State; Zip Code Lubbock, TX 79410-1410			Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Texas Tech University	5)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_Schrader, Megan Contributor address; City; State; Zip Code Georgetown, TX 78628-1511)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 45/64 Rpt: 48/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/01/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
_	<u> </u>	Fort Worth, TX 76116-8173				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/26/2018	Full name of contributor out-of-state PAC (ID#:_ Sells, Katherine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Deinsinal	Lewisville, TX 75056-5701	Formula con (Octobration of the control of the cont	<u></u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/29/2018	Full name of contributor 💢 out-of-state PAC (ID#:_C Service Corporation International PAC Contributor address; City; State; Zip Code	00173096)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77219-0548				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/30/2018	Full name of contributor out-of-state PAC (ID#:_Shanklin, Kimberly Contributor address; City; State; Zip Code Argyle, TX 76226-1330)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	s)		
	Date 10/01/2018	Full name of contributor out-of-state PAC (ID#:_Shapiro Linn Strategic Consulting LLC Contributor address; City; State; Zip Code Austin, TX 78734-0001)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 46/64 Rpt: 49/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 08/08/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Fort Worth, TX 76101-0282 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Sharp, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
		College Station, TX 77840-2884				
	Principal occu Chancellor	pation / Job title (See Instructions)	Employer (See Instructions Texas A&M University)		
	Date 09/07/2018	Full name of contributor out-of-state PAC (ID#:_ Sherry Shipman Campaign Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Denton, TX 76205-8304				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/07/2018	Full name of contributor out-of-state PAC (ID#:_Shipman, Sherry Contributor address; City; State; Zip Code Denton, TX 76205-8304)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/30/2018	Full name of contributor out-of-state PAC (ID#:_ Simmons, Ronald Contributor address; City; State; Zip Code Carrollton, TX 75010-4241			Amount of Contribution (\$)	\$500.00
	Principal occu Investment A	pation / Job title (See Instructions) Advisor	Employer (See Instructions Retirement Advisors of A		erica	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/64 Rpt: 50/203	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Nelson, Jan	e (The Honorable)			00020673	
4	Date 11/09/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1696				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/20/2018	Southern, David				\$250.00
		Contributor address; City; State; Zip Code				
		Granbury, TX 76048-2211				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/13/2018	Southwest Airlines Co Freedom Fund Contributor address; City; State; Zip Code				\$1,000.00
		Dallas, TX 75235-1611				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/26/2018	Full name of contributor out-of-state PAC (ID#:_ Springer, Jeffrey)		Amount of Contribution (\$)	\$250.00
		Contributor address; City; State; Zip Code				
	Principal occu	Sanger, TX 76266-0688 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
		, , , , , , , , , , , , , , , , , , , ,	,p.c,c. (c.c	,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/23/2018	Stanfield, Jacquelyn				\$250.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75028-3092				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
		·				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 48/64 Rpt: 51/203	
2	FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Nelson, Jane	e (The Honorable)				00020673	
4	Date 09/18/2018	 5 Full name of contributor Sullivan, Raymond 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
0	Principal occu	Austin, TX 78701-2102 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
0	Consultant	pation / Job title (See Instructions)		Sullivan Public Affairs)		
	Date 11/29/2018	Superior Health Plan, Inc. (Contributor address; City; Sta)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78704-4435					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/07/2018	Full name of contributor Sysco Corp. Good Governi Contributor address; City; Sta)		Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77077-2025					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/14/2018	Full name of contributor TALHI Life Insurance PAC Contributor address; City; Sta Austin, TX 78701-2469	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2018	Full name of contributor TEXPAC Contributor address; City; Sta Austin, TX 78701-1672	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 49/64 Rpt: 52/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			Filer ID (Ethics Commission Filers) 00020673	
4	Date 09/24/2018	 Full name of contributor		7	Amount of Contribution (\$) \$75.	00
8	Principal occu	Chico, TX 76431-3001 pation / Job title (See Instructions)	9 Employer (See Instructions	15)		
0	r inicipal occu	pation / Job title (See Instructions)	3 Employer (See instructions	13)		
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID# TREPAC Contributor address; City; State; Zip Code	<u>; </u>		Amount of Contribution (\$) \$25,000.	00
		Austin, TX 78768-2246		<u> </u>		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 08/20/2018	Full name of contributor out-of-state PAC (ID# TX Society of Professional Surveyor SURPAC Contributor address; City; State; Zip Code	SS		Amount of Contribution (\$) \$1,000.	00
		Austin, TX 78746-6922				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)		
	Date 09/10/2018	Full name of contributor out-of-state PAC (ID# Taylor, Charles Contributor address; City; State; Zip Code Fort Worth, TX 76107-2644	<u>†:)</u>		Amount of Contribution (\$) \$1,000.	00
	•	pation / Job title (See Instructions) Executive Vice President	Employer (See Instructions University of North Texa		ealth Science Center	
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID# Tenaska Employees Texas PAC Contributor address; City; State; Zip Code Omaha, NE 68154-5212	;)		Amount of Contribution (\$) \$1,000.	00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			<u>'</u>			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/64 Rpt: 53/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	5 Full name of contributor out-of-state PAC (ID#:_ Terry, Debbie 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
_	Duinning Langu	Denton, TX 76210-0108	D. Employer (Co.) Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 09/17/2018	Full name of contributor out-of-state PAC (ID#:_ Terry, Helene Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Deireciant	Dallas, TX 75205-2789	Frankrije (O. a. kratinski arti			
	Owner	pation / Job title (See Instructions)	Employer (See Instructions Helene's Luxury Kitchen			
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#:_ Tex-Pipe PAC)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701-1726				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Academy of Nutrition & Dietetics PAC Contributor address; City; State; Zip Code Dallas, TX 75206-5249			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life PAC Contributor address; City; State; Zip Code Austin, TX 78754-5135			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 51/64 Rpt: 54/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$2,500.00
_	5	Austin, TX 78701-1951				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 09/10/2018	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78759-8505 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#: Texas Association of Health Plans PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78701-5002				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Underwriters PAC Contributor address; City; State; Zip Code Houston, TX 77061-2608)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Nurse Anesthetists PAC Contributor address; City; State; Zip Code Austin, TX 78704-1725			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		

	MONET	ARY POLITICAL CONTRIBUTION)NS		SCHEDUL	_E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/64 Rpt: 55/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	Full name of contributor		7	Amount of Contribution (\$)	\$2,500.00
_	Dringing one	Helotes, TX 78023-0933	To Free lever (See Instructions			
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	;) 		
	Date 10/08/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78701-2181 upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)		
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Construction Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-1905				
 	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code Dallas, TX 75265-5147			Amount of Contribution (\$)	\$2,500.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)		
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Dairymen PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78711-3182 upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 53/64 Rpt: 56/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3 Filer ID (Ethics Commission 00020673	n Filers)
4	Date 10/04/2018	 Full name of contributor		7 Amount of Contribution (\$) \$	10,000.00
		Austin, TX 78704-3644	1		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ons)	
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#: Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Waco, TX 76702-2689 pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#: Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-1671 pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#: Texas Humane Legislation PAC Contributor address; City; State; Zip Code Dallas, TX 75225-5860		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#: Texas Land Title Association PAC Contributor address; City; State; Zip Code Austin, TX 78703-4775		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ons)	
			1		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 54/64 Rpt: 57/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	5 Full name of contributor Texas Mortgage Bankers6 Contributor address; City; St			7	Amount of Contribution (\$)	\$3,000.00
		Austin, TX 78701-2668					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/06/2018	Full name of contributor Texas Municipal Police As Contributor address; City; St			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78752-3800 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Date 09/14/2018	Full name of contributor Texas Nurse PAC Contributor address; City; St Austin, TX 78759-8444	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	Date 12/07/2018	Full name of contributor Texas Nurse Practitioners Contributor address; City; St Austin, TX 78735-6713)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/10/2018	Full name of contributor Texas Nurse Practitioners Contributor address; City; St Austin, TX 78735-6713				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 55/64 Rpt: 58/203	
2	FILER NAME Nelson, Jane	(The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	 Full name of contributor	Sovernment		7	Amount of Contribution (\$)	\$5,000.00
_		Austin, TX 78701-1823	1-				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor out-of-state Texas Optometric PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00
	Dringing Lagor	Austin, TX 78705-2032		Franks var (Caa Instructions	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/23/2018	Full name of contributor out-of-state Texas Podiatric Medical Association PA Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2342					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 08/27/2018	Full name of contributor out-of-state Texas Poultry PAC Contributor address; City; State; Zip Code Round Rock, TX 78681-5030)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 09/04/2018	Full name of contributor out-of-state Texas Society of CPAs-Dallas Chapter Contributor address; City; State; Zip Code Dallas, TX 75254-7465				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 56/64 Rpt: 59/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 09/07/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
		Dallas, TX 75254-7465				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/29/2018	Full name of contributor out-of-state PAC (ID#: Texas Speech Language Hearing Association P/ Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701-3102 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/07/2018	Full name of contributor out-of-state PAC (ID#: Texas State University System Contributor address; City; State; Zip Code Austin, TX 78767-1408			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Texas Tech Alumni & Friends PAC Contributor address; City; State; Zip Code Lubbock, TX 79424-3239			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/05/2018	Full name of contributor out-of-state PAC (ID#:_ Texas and Southwestern Cattle Raisers Associa Contributor address; City; State; Zip Code Fort Worth, TX 76102-2651			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONET	ARY POLITICAL CONTR	RIBUTIO	NS 		SCHEDUI	_E A1
	The Instru	ction Guide explains how to comp	plete this fo	rm.	1	Total pages Schedule A1: Sch: 57/64 Rpt: 60/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 09/05/2018	 Full name of contributor x out-of-st The Boeing Company PAC Contributor address; City; State; Zip Contributor 	state PAC (ID#: <u>CC</u>	00142711)	7	Amount of Contribution (\$)	\$1,500.00
		Arlington, VA 22202-4208					
8	Principal occu	pation / Job title (See Instructions)	٤	Employer (See Instructions	5)		
	Date 11/05/2018	The Chickasaw Nation Contributor address; City; State; Zip Co	state PAC (ID#: <u>CS</u>	90007923)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Ada, OK 74820-9255 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Date 10/01/2018	Full name of contributor x out-of-s The Dow Chemical Company Emplo Contributor address; City; State; Zip Co Midland, MI 48674-1500		00074096		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/13/2018	The Harris Law Office PLLC	state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/04/2018	Full name of contributor out-of-si The Real Estate Council PAC Contributor address; City; State; Zip Co Dallas, TX 75201-1104	state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 58/64 Rpt: 61/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 10/04/2018	 Full name of contributor	C00339655)	7	Amount of Contribution (\$)	\$5,000.00
_		The Woodlands, TX 77380-1975				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
Date Full name of contributor out-of-state PAC (ID#:) Thimesch, Kronda Contributor address; City; State; Zip Code Lewisville, TX 75056-5706			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Thompson & Horton LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	<u> </u>	Houston, TX 77027-7554				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/01/2018	Full name of contributor out-of-state PAC (ID#:_ Tigue, Virginia Contributor address; City; State; Zip Code Colleyville, TX 76034-4513			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 07/13/2018	Full name of contributor out-of-state PAC (ID#:_ Tilley, Rice & Sandra Contributor address; City; State; Zip Code Fort Worth, TX 76102-6329			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 59/64 Rpt: 62/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4 Date 09/17/2018 5 Full name of contributor out-of-state PAC (ID#:) 7 Amo Tinsley, Michael 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00			
8	Dringinal occu	Forestburg, TX 76239-3197 pation / Job title (See Instructions)	9 Employer (See Instructions)			
<u> </u>	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) 		
Date Full name of contributor X out-of-state PAC (ID#: C00542365 10/04/2018 Toyota Motor North America, Inc PAC Toyota/Lexus PAC Contributor address; City; State; Zip Code Washington, DC 20004-2801			Amount of Contribution (\$)	\$2,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/09/2018	Full name of contributor out-of-state PAC (ID#: TravelPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	West Lake Hills, TX 78746-5463 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 07/10/2018	Full name of contributor out-of-state PAC (ID#:_ Turner, Robert Contributor address; City; State; Zip Code Voss, TX 76888-3018			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions) Self Employed)		
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#:_ U.S. Anesthesia Partners of Texas, P.A. Contributor address; City; State; Zip Code Dallas, TX 75251-2237			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 60/64 Rpt: 63/203		
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)	
4	Date 09/06/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$3,000.00	
		Atlanta, GA 30328-3474					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 11/29/2018	Full name of contributor out-of-state PAC (ID#: USAA Employee Political Action Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3,000.00	
	Principal occu	San Antonio, TX 78288-0001 pation / Job title (See Instructions)	Employer (See Instructions	 			
	Date 11/05/2018	Full name of contributor	nment		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)			
	Date 10/23/2018	Full name of contributor x out-of-state PAC (ID#:C United Airlines PAC Contributor address; City; State; Zip Code Chicago, IL 60606-7147	00101766)		Amount of Contribution (\$)	\$1,500.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions	5)				
	Date 12/07/2018	Full name of contributor x out-of-state PAC (ID#: C UnitedHealth Group PAC Contributor address; City; State; Zip Code Washington, DC 20004-3610	00274431)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 61/64 Rpt: 64/203		
2	FILER NAME Nelson, Jane	· (The Honorable)		3	Filer ID (Ethics Commission 00020673	n Filers)	
4	Date 12/07/2018	 Full name of contributor		7	Amount of Contribution (\$)	\$3,000.00	
_		Houston, TX 77227-7881					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/06/2018	Full name of contributor out-of-state PAC (ID#: Verizon Communications Inc. Good Government Contributor address; City; State; Zip Code Austin, TX 78701-2557			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#: Veterans and Civilians Brain Injury Advocates PAC Contributor address; City; State; Zip Code	AC		Amount of Contribution (\$)	\$3,500.00	
	Principal occu	Austin, TX 78746-7397 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/04/2018	Full name of contributor out-of-state PAC (ID#:_ Walker, Lori Contributor address; City; State; Zip Code Flower Mound, TX 75028-3150			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/11/2018	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to co	mplete this forn	1.	1	Total pages Schedule A1: Sch: 62/64 Rpt: 65/203		
2	FILER NAME Nelson, Jane	(The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)	
4	Date 10/01/2018			7	Amount of Contribution (\$)	\$5,000.00		
8	Dringing! goog	Houston, TX 77055-7310	lo lo	Employer (See Instructions				
•	Businessma	pation / Job title (See Instructions)		Employer (See Instructions Weekley Homes)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/03/2018 Weekley, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00			
	Houston, TX 77055-7310 Principal occupation / Job title (See Instructions) Employer (See Instruction			Employer (See Instructions)			
Businessman Weekley Homes		Weekley Homes						
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00			
		Dallas, TX 75230-1972						
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions)			
	Date Full name of contributor		390575)		Amount of Contribution (\$)	\$1,000.00		
	Principal occupation / Job title (See Instructions) Employer (See Instruction		Employer (See Instructions)				
	Date 09/18/2018	Full name of contributor out- Welsh, Dinah Contributor address; City; State; Zip Austin, TX 78703-3609	of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Texas EMS, Trauma & A		ite Care Foundation		
				,				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/64 Rpt: 66/203	
2	FILER NAME Nelson, Jane	e (The Honorable)		3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 11/05/2018	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Fort Worth, TX 76116-8416 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	T Imolpai occa	pation / vob title (see manuellons)	Complete (See Mistractions			
Date Full name of contributor out-of-state PAC (ID#:) 10/04/2018 Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701-2434			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/08/2018	Full name of contributor out-of-state PAC (ID#: Widmer Jr., Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Argyle, TX 76226-2950 pation / Job title (See Instructions)	Employer (See Instructions)		
		,	, ,,			
	Date 08/03/2018	Full name of contributor out-of-state PAC (ID#:_ Williams, Cameron Contributor address; City; State; Zip Code Flower Mound, TX 75028-8349)		Amount of Contribution (\$)	\$500.00
		Employer (See Instructions Berkshire Hathaway Aut		notive		
	Date 09/20/2018	Full name of contributor out-of-state PAC (ID#:_Williams, Michael Contributor address; City; State; Zip Code Fort Worth, TX 76116-4660)		Amount of Contribution (\$)	\$500.00
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions UNT Health Science Ce		r	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 64/64 Rpt: 67/203	
2	FILER NAME Nelson, Jane	e (The Honorable)			3	Filer ID (Ethics Commission 00020673	on Filers)
4	Date 07/11/2018			7	Amount of Contribution (\$)	\$500.00	
_		Fort Worth, TX 76179-9219	1-				
8	Principal occu Trucking	pation / Job title (See Instructions)	9	Employer (See Instructions) AOS American One Sou)	
	Date 09/25/2018	Full name of contributor Winstead PC PAC Contributor address; City; State)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	Dallas, TX 75201-1743 pation / Job title (See Instructions)		Employer (See Instructions)		
	o.pa. 0000				,		
	Date 07/11/2018	Full name of contributor Wray, Richard Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$250.00
		Colleyville, TX 76034-5441					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 10/03/2018	Full name of contributor Yoder, Katherine Contributor address; City; State Dallas, TX 75219-4996				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))		
	Date 12/07/2018	Full name of contributor Zachry Co. PAC Contributor address; City; State San Antonio, TX 78265-324				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula E4:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rc)
1	Total pages Schedule F1: Sch: 1/72 Rpt: 68/203	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filer 00020673	(5)
4	Date 07/09/2018	5 Payee name ADP LLC	
6	Amount (\$) \$32.48	7 Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll services	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/11/2018	ADP LLC	
	Amount (\$) \$32.48	Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll Services	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/09/2018	ADP LLC	
	Amount (\$) \$32.48	Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll services	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/72 Rpt: 69/203	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4 Date 11/08/2018	5 Payee name ADP LLC
6 Amount (\$) \$32.48	7 Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 12/10/2018	Payee name ADP LLC
Amount (\$) \$32.48	Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 08/08/2018	Payee name ADP LLC
Amount (\$) \$32.48	Payee address; City; State; Zip Code 1 Adp Dr Ms 100 Augusta, GA 30909-9373
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payroll services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ut of District enter a category not listed above)
<u> </u>			(Elliss Ossail 1
1	Total pages Schedule F1: Sch: 3/72 Rpt: 70/203	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID 00020	
L	•	, , ,	
4	Date	5 Payee name	
L	09/29/2018	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$82.39	2250 1st Ave S	
		Seattle, WA 98134-1408	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texa	s. Complete Schedule T.
	LAFENDITURE	Check if Austin, TX, officehold	er living expense
		event decorations	
L			
9	Complete ONLY if direct		ice held
	expenditure to benefit C/OI	н	
	Date	Payee name	
	09/19/2018	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.94	2250 1st Ave S	
		Seattle, WA 98134-1408	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texa	
		Check if Austin, TX, officeholds event decorations	er living expense
		evenit decorations	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/O	ŭ	ioc notu
-	Date	Davida nama	
	11/06/2018	Payee name Amazon com	
		Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.75	2250 1st Ave S	
L		Seattle, WA 98134-1408	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholds	er living expense
		supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Off	ice held
	expenditure to benefit C/O		ioc notu

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/72 Rpt: 71/203	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/17/2018	American Cancer Society
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	3301 West Fwy
		Fort Worth, TX 76107-5709
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/12/2018	American Cancer Society
		-
	Amount (\$) \$600.00	Payee address; City; State; Zip Code
	Φ000.00	3301 West Fwy
		Fort Worth, TX 76107-5709
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
_	Date	Payee name
	10/26/2018	American Express
		·
	Amount (\$)	Payee address; City; State; Zip Code PO Box 650448
	\$12,008.95	PO BOX 650446
		B. H. TV 75005 0440
		Dallas, TX 75265-0448
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Christmas gifts for staff/interns
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/72 Rpt: 72/203	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	07/06/2018	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,719.05	PO Box 650448
		Dallas, TX 75265
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card payment
		orealt data payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/02/2018	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$27,049.67	PO Box 650448
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card payment
		Ground data paymont
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2018	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$9,640.53	PO Box 650448
		Dallas, TX 75265-0448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card payment
		credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 6/72 Rpt: 73/203		r ID (Ethics Commission Filers) 020673
4	Date 08/01/2018	5 Payee name American Express	
6	Amount (\$) \$9,091.39	7 Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date 12/02/2018	Payee name American Express	
	Amount (\$) \$9,529.75	Payee address; City; State; Zip Code PO Box 650448 Dallas, TX 75265-0448	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Check if Austin, TX, office credit card payment	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
	Date 09/03/2018	Payee name American Express	
	Amount (\$) \$6,493.33	Payee address; City; State; Zip Code PO Box 650448	
		Dallas, TX 75265-0448	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Check if Austin, TX, office credit card payment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/72 Rpt: 74/203	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/27/2018	Aubrey 380 Area Chamber of Commerce
6	Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 205 S Main St Aubrey, TX 76227-5531
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/19/2018	Aubrey 380 Area Chamber of Commerce
	Amount (\$) \$13.00	Payee address; City; State; Zip Code 205 S Main St
		Aubrey, TX 76227-5531
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event registration
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 10/02/2018	Payee name Balloons To You
	Amount (\$) \$344.55	Payee address; City; State; Zip Code 2152 Chenault Dr Ste B Carrollton, TX 75006-5922
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event decorations
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/72 Rpt: 75/203	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/17/2018	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.11	1515 W State Highway 114
		Grapevine, TX 76051-8639
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense technology supplies
		technology supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	12/19/2018	Best Buy
L		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.89	1515 W State Highway 114
		Grapevine, TX 76051-8639
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		technology equipment
		teermology equipment
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/24/2018	Big Frog Custom T-Shirts
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5,756.73	3120 Justin Rd
	φ3,730.73	S120 Justin Nu
		Highland Villaga TV 75077 7005
		Highland Village, TX 75077-7035
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		promotional items
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/72 Rpt: 76/203	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4 Date	5 Payee name
10/17/2018	Buda, Susie
6 Amount (\$) \$227.50	7 Payee address; City; State; Zip Code 8000 Willet Trl Austin, TX 78745-7549
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/08/2018	Candidate Resource Committee
Amount (\$)	Payee address; City; State; Zip Code
\$10,000.00	PO Box 2206
	Austin, TX 78768-2206
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Contribution Contribution Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/11/2018	Capitol Extension Gift Shop
Amount (\$) \$1,659.47	Payee address; City; State; Zip Code 1400 Congress Ave # E1.006 Austin, TX 78701-1932
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense gifts for constituents
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 10/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	12/07/2018	Capitol Extension Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$134.23	1400 Congress Ave
		# E1.006
		Austin, TX 78701-1932
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		gifts for constituents
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	10/16/2018	Capitol Extension Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.54	1400 Congress Ave
		# E1.006
		Austin, TX 78701-1932
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		gifts for volunteers
<u> </u>	Complete ONLY if alice at	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	11/19/2018	Capitol Extension Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.73	1400 Congress Ave
		# E1.006
		Austin, TX 78701-1932
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		gifts for constituents
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		•		s/Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/72 Rpt:		Nelson, Jane (The Honora	ıble)				00020673	,	
4	Date	5	Payee name							
	11/26/2018		Capitol Extension Gift Sho	p						
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code					
	\$89.66		1400 Congress Ave							
			# E1.006							
			Austin, TX 78701-1932							
8	PURPOSE	(a)			(h)	Description				_
ľ	OF	(ω)	Category (See Categories listed at Gift/Awards/Memorials Exp		(5)	_	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Ont wards we mondis Exp	perise		Check if Austin,	TX,	officeholder living	g expense	
						gifts for consti	itu	ents		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ought			Office h	eld	
_	Data									_
	Date		Payee name	_						
	10/02/2018		Capitol Extension Gift Sho	-						
	Amount (\$)		Payee address; City;	State; Zip C	Code					
	\$324.75		1400 Congress Ave							
			# E1.006							
			Austin, TX 78701-1932							
	PURPOSE	(a)	Category (See Categories listed at	the top of this schedule)	(b)	Description				_
	OF EXPENDITURE		Contributions/Donations M						plete Schedule T.	
	LA LIBITORE		Candidate/Officeholder/Po	olitical Committee		—		officeholder living		
						items for char	πa	bie donatior	1	
	0 1 0 0 1 1 1 1	L_						O.C. 1		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ougnt			Office h	ela	
	<u>'</u>									
	Date		Payee name							
	07/09/2018		Capitol Extension Gift Sho	p						
	Amount (\$)		Payee address; City;	State; Zip C	Code					
	\$27.06		1400 Congress Ave							
			# E1.006							
			Austin, TX 78701-1932							
	PURPOSE	(a)	Category (See Categories listed at	t the top of this schedule)	(b)	Description				
	OF	`´	Gift/Awards/Memorials Exp		`´		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		·	1		—	TX,	officeholder living	g expense	
						gifts for staff				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office so	ought			Office he	eld	
L	experiorare to benefit C/OI	1								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/72 Rpt:	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	•
	10/04/2018	Circle R Ranch	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,478.66	5901 Cross Timbers Rd	
		Flower Mound, TX 75022-3142	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
l		site	e rental
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕			
	Date	Payee name	
	10/19/2018	Costco Wholesale	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$25.74	4301 W William Cannon Dr	
l			
l		Austin, TX 78749-1473	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense
l		Suρ	pplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	9	Office field
⊨	Data	Para de la companya d	
	Date 08/08/2018	Payee name Costco Wholesale	
L			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$184.01	2601 E State Highway 114	
l		0 444 777 70000 0000	
L		Southlake, TX 76092-6668	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	
l	EXPENDITURE	Office Overficad/Nertial Experise	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			pplies
		<u> </u>	•
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/10/2018	Costco Wholesale
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$84.00	10401 Research Blvd
		Austin, TX 78759-5712
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense supplies
		Зиррпез
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	10/22/2018	Costco Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,058.37	4301 W William Cannon Dr
		Austin, TX 78749-1473
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		gifts for staff
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date 11/15/2018	Payee name
		Costco Wholesale
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.22	10401 Research Blvd
		Austin, TX 78759-5712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	,
1	Total pages Schedule F1:	
L	Sch: 14/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/24/2018	Costco Wholesale
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.93	10401 Research Blvd
	+ ==0.00	
		Augstin TV 70750 5710
		Austin, TX 78759-5712
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		supplies
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	07/02/2018	Cross Timbers Rotary Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$182.00	700 Parker Sq
		Ste 100A
		Flower Mound, TX 75028-7448
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		membership
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	12/20/2018	Cross Timbers Rotary Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.00	700 Parker Sq
		Ste 100A
		Flower Mound, TX 75028-7448
\vdash	PURPOSE	To a second seco
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	07/25/2018	D.L. Rogers Corp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1225 S Main St
		Ste 300
		Grapevine, TX 76051-5647
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Crapovino Joseph
		Grapevine lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	11/23/2018	D.L. Rogers Corp
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1225 S Main St
		Ste 300
		Grapevine, TX 76051-5647
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Grapevine lease
		G. apormo lodos
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	08/24/2018	D.L. Rogers Corp
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1225 S Main St
	Ψ100.00	Ste 300
L		Grapevine, TX 76051-5647
	PURPOSE OF	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) (b) Description
		Grapevine, TX 76051-5647
	OF	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Grapevine lease Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Grapevine lease Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Grapevine lease Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	Grapevine, TX 76051-5647 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Grapevine lease Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/72 Rpt:	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	•
	10/25/2018	D.L. Rogers Corp	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	1225 S Main St	
		Ste 300	
		Grapevine, TX 76051-5647	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	l outside of Texas. Complete Schedule T.
	EXI ENDITORE	l — l —	n, TX, officeholder living expense
		Grapevine le	dse
_	Complete ONLY if direct	Condidate/Officeholder name Office cought	Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
_			
	Date	Payee name	
	12/21/2018	D.L. Rogers Corp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1225 S Main St	
		Ste 300	
		Grapevine, TX 76051-5647	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise I	l outside of Texas. Complete Schedule T.
		Grapevine le	n, TX, officeholder living expense
		- C. aparino . c	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
-	Date	Payee name	
	09/24/2018	D.L. Rogers Corp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1225 S Main St	
	Ψ100.00	Ste 300	
		Grapevine, TX 76051-5647	
		<u> </u>	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Coefficient Country and Coefficient Coeffic	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise	n, TX, officeholder living expense
		Grapevine le	ease
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1. Total pages Cabadula 51:	
1 Total pages Schedule F1: Sch: 17/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4 Date	5 Payee name
09/21/2018	David Trantham Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 1255 Denton, TX 76202-1255
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2018	Dianne Edmondson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	8913 Crestview Drive
	Denton, TX 76207-8603
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/30/2018	Diehl, Bonnie
Amount (\$) \$25.00	Payee address; City; State; Zip Code 5200 Gaston Ave Apt 205 Dallas, TX 75214-5274
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff mileage
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/16/2018	Diehl, Bonnie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	5200 Gaston Ave
		Apt 205
		Dallas, TX 75214-5274
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff mileage
		Stall Hilleage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	07/20/2018	Diehl, Bonnie
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.00	5200 Gaston Ave
	,	Apt 205
		Dallas, TX 75214-5274
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff mileage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/26/2018	Diehl, Bonnie
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	5200 Gaston Ave
		Apt 205
		Dallas, TX 75214-5274
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		staff mileage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/13/2018	Diehl, Bonnie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	5200 Gaston Ave
		Apt 205
		Dallas, TX 75214-5274
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		staff mileage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Date	Payeo namo
	12/05/2018	Payee name Doubletree Hotel
	Amount (\$) \$157.23	Payee address; City; State; Zip Code 303 W 15th St
	\$157.23	303 W 15111 St
		A
		Austin, TX 78701-1622
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff lodging
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/19/2018	Drastata, Danielle
	Amount (\$)	Payee address; City; State; Zip Code
	\$229.25	1865 Crystal Springs Rd
		New Braunfels, TX 78130-3001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff mileage
		Stall Hilleage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	09/26/2018	Etsy.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.60	117 Adams St
		Brooklyn, NY 11201-1401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event decorations
		event decorations
Ļ		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	09/10/2018	Fletcher, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,300.00	1313 E 52nd St
		Apt 201
		Austin, TX 78723-3001
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		salary/housing stipend
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialiture to beliefit C/O	<u>'</u>
	Date	Payee name
	10/01/2018	Fletcher, Kevin
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$29.00	1313 E 52nd St
l		Apt 201
		Austin, TX 78723-3001
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff mileage
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	nmittee	Legal Se		·		Vages	/Contract Labor			el Out of Dis ER (enter a	strict category not listed abov	ve)
L	·	_			struction G	uide explains	s how to co	mple	ete this form.	_				
1	Total pages Schedule F1:	2								3	Filer		(Ethics Commissio	n Filers)
	Sch: 21/72 Rpt:		Nelson, Jan	e (The	e Honoral	ole)					000	20673		
4	Date	5	Payee name											
L	10/04/2018	L	Fletcher, Ke	evin										
6	Amount (\$)	7	Payee addres	ss;	City;	State	e; Zip Co	de						
	\$29.00		1313 E 52n	d St										
			Apt 201											
			Austin, TX 7	78723·	-3001									
8	PURPOSE	(a)	Category (Se	ee Categ	ories listed at	the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Travel In Di				,		브				plete Schedule T.	
	Za Labitone								Check if Austin		, officel	nolder living	g expense	
									staff mileage					
<u> </u>	0 1. 0		S P				0.00					O.W. :	1.1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cehold	er name		Office sou	ght				Office he	eld	
L		_												
	Date		Payee name											
	10/02/2018		Fletcher, Ke	evin										
	Amount (\$)		Payee addres	ss;	City;	State	e; Zip Co	de						
	\$29.00		1313 E 52n	d St										
			Apt 201											
			Austin, TX 7	78723	-3001									
	PURPOSE	(a)	Category (Se	ee Categ	ories listed at	the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Travel In Di						=				plete Schedule T.	
									Check if Austin		, officel	nolder living	g expense	
									staff mileage					
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	cehold	er name		Office sou	aht				Office he	7ld	
	expenditure to benefit C/OI		Januiuale/OIII	ocnoid	oi name		Onice Sou	grit				JIIICE III	Jiu	
\vdash	Data	ı	Daves ::											
	Date 08/15/2018		Payee name Flower Mou	nd Ch	ambor of	Commora	0							
	Amount (\$)		Payee addres		City;	State	e; Zip Co	de						
	\$8,000.00		700 Parker	Sq										
			Ste 100											
L		L	Flower Mou	nd, T	X 75028-7	7448								
	PURPOSE	(a)	Category (Se				chedule)	(b)	Description					
	OF EXPENDITURE		Contribution				mitte e		=				plete Schedule T.	
			Candidate/0	micerת	iolaer/Pol	ilicai Comi	mittee		Check if Austin			ioluer living	j expense	
									S ront Sponso	ال ار	P			
	Complete ONLY if direct	Ц,	Candidate/Offi	cehold	er name		Office sou	aht				Office he	eld	
	expenditure to benefit C/OI		zanaidato/OIII	Joriola	or manife		Jcc 300	ສານ				J.1100 110		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/28/2018	Flower Mound Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	700 Parker Sq
		Ste 100
		Flower Mound, TX 75028-7448
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		event contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2018	Flower Mound Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	700 Parker Sq
		Ste 100
		Flower Mound, TX 75028-7448
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/15/2018	Flower Mound Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	700 Parker Sq
		Ste 100
		Flower Mound, TX 75028-7448
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponantire to beliefft 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/72 Rpt: Nelson, Jane (The Honorable) 00020673 4 Date Payee name 08/27/2018 Fort Worth Chamber of Commerce 6 Amount (\$) Payee address; City; State; Zip Code \$75.00 777 Taylor St Fort Worth, TX 76102-4919 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event registration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/2018 Fort Worth Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$45.00 777 Taylor St Fort Worth, TX 76102-4919 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event registration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/09/2018 Fort Worth Chamber of Commerce Amount (\$) Payee address: City: State; Zip Code \$45.00 777 Taylor St Fort Worth, TX 76102-4919 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Contributions/Donations Made By

Candidate/Officeholder name

Candidate/Officeholder/Political Committee

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

event registration

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
	Credit Card Payment			The Instruction G	uide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 24/72 Rpt:		Nelson, Jan	e (The Honora	ble)					00020673		
4	Date	5	Payee name									
	09/17/2018			ete Flores for	Γexas Senat	te						
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$5,000.00		111 Live Oa	k Drive								
			Pleasanton,	TX 78064-151	3							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF			s/Donations M		oud.o,		_ :	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE		Candidate/C	Officeholder/Po	litical Comm	ittee		_	, TX,	officeholder livin	g expense	
								contribution				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	10/25/2018		Frisco Chan	nber of Comme	erce							
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$60.00		6843 Main S	St								
			Frisco, TX 7	5034-4220								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M	,			=			plete Schedule T.	
			Candidate/C	Officeholder/Po	litical Comm	ittee		_		officeholder livin	g expense	
								event registra	מנוטו	11		
	Complete ONLY if direct	<u> </u>		ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		zandidate/Onic	cholder flame		Jilice 30u	grit			Office II	eiu	
	Data	_										
	Date 12/17/2018		Payee name	abor of Commo	vroo							
				nber of Comme								
	Amount (\$)		Payee addres		State;	; Zip Co	de					
	\$275.00		6843 Main S	ot								
			Frisco, TX 7	5034-4220								
	PURPOSE OF	(a)	•	e Categories listed at		edule)	(b)	Description				
	EXPENDITURE			s/Donations M		ittoo				de of Texas. Con officeholder livin	plete Schedule T.	
			Candidate/C	Officeholder/Po	illicai Comm	iiilee		membership	, 1,	officeriolaer livin	g expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						<i>y</i>			20011		
H												
1												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 25/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/29/2018	Frisco Printing & Graphics Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12,577.78	8585 John Wesley Dr
		Frisco, TX 75034-5687
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense printing
		printing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_		
	Date	Payee name
	09/05/2018	Frisco Printing & Graphics Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$13,064.97	8585 John Wesley Dr
		Frisco, TX 75034-5687
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		printing
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	12/17/2018	Frontier Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$244.21	PO Box 5157
		Tampa, FL 33675-5157
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense communications
		Communications
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	07/16/2018	Frontier Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$239.02	PO Box 5157
		Tampa, FL 33675-5157
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		communications
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	11/14/2018	Frontier Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$244.21	PO Box 5157
		Tampa, FL 33675-5157
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		communications
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	08/14/2018	Frontier Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$242.25	PO Box 5157
	ΨΣ-τΣ.25	1 O BOX 3131
		Tampa, FL 33675-5157
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense communications
		Communications
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/15/2018	Frontier Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$242.25	PO Box 5157
		Tampa, FL 33675-5157
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		communications
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/14/2018	Frontier Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$242.25	PO Box 5157
		Tampa, FL 33675-5157
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAI LIADITORE	Check if Austin, TX, officeholder living expense communications
		Communications
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/01/2018	Gen 2 Jazz
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	9300 Crestview Dr
	•	
		Denton, TX 76207-6765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		entertainment
	0 1: 0::::::::	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 28/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/17/2018	Goodrich, Kate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$221.50	3401 Red River St
		Apt 224
L		Austin, TX 78705-2624
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if traval subside of Tayon Complete Categories
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		staff mileage
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2018	Grapevine Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	200 Vine St
		Grapevine, TX 76051-5593
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		0.0g
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/17/2018	Grapevine Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	200 Vine St
		Grapevine, TX 76051-5593
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		eveni registi ation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Expense Printing	Expens Wages	se s/Contract Labor	7	Travel in District Fravel Out of Distr DTHER (enter a ca	ict ategory not listed above)
1	Total pages Schedule F1:	FILER NAME				3 F	iler ID	(Ethics Commission Filers)
L	Sch: 29/72 Rpt:	Nelson, Jane (The Honorab	ole)				00020673	
4	Date	Payee name						
	08/23/2018	Grapevine Chamber of Com	nmerce					
6	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$40.00	200 Vine St						
		Grapevine, TX 76051-5593						
8	PURPOSE	Category (See Categories listed at the	ne top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donations Ma			Check if travel o	outside	of Texas. Compl	ete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Poli	tical Committee		\Box		fficeholder living e	expense
					event registra	tion		
<u> </u>	0 1. 0	0 111 100		<u> </u>			O.W	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office so	ught			Office hel	d
	Date	Payee name						
	08/31/2018	Grapevine Chamber of Con	nmerce					
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$25.00	200 Vine St						
		Grapevine, TX 76051-5593						
	PURPOSE	Category (See Categories listed at the	ne top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donations Ma			_		of Texas. Compl	
	LAPENDITORE	Candidate/Officeholder/Poli	tical Committee		_		fficeholder living e	expense
					event registra	tion		
	Complete ONLY if alice -t	Condidate/Office halder ragge	Office	110004			Office hel	d
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office so	ugnt			Office hel	u
	•							
	Date	Payee name						
	10/10/2018	Grapevine Chamber of Com						
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$25.00	200 Vine St						
		Grapevine, TX 76051-5593						
	PURPOSE	Category (See Categories listed at the	ne top of this schedule)	(b)	Description			
	OF EXPENDITURE	Contributions/Donations Ma			ш		e of Texas. Compl	
		Candidate/Officeholder/Poli	tical Committee		Check if Austin, event registrat		fficeholder living e	expense
					CVCIII IEGISIIA	aon		
	Complete ONLY if direct	Candidate/Officeholder name	Office so	Uapt			Office hel	d
	expenditure to benefit C/O	Sansidato, Sinosholdor Haille	Office 30	agiit			Cinoc non	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoid Credit Card Payment	uer/Political	The Instruction Guide explains how to cor	-	lete this form.	
1 Total pages Sched	dule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_
Sch: 30/72 R		Nelson, Jane (The Honorable)		00020673	
4 Date		5 Payee name			
09/21/2018		Harris Hughey Campaign			
6 Amount (\$)		7 Payee address; City; State; Zip Co	de		
\$2	250.00	1608 Airport Freeway, Ste. 300			
		Bedford, TX 76022-6870			
8 PURPOSE OF	['	,	(b)	Description	
EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Candidate/Oniceriolder/Political Committee		contribution	
9 Complete ONLY if	direct	Candidate/Officeholder name Office sou		Office held	_
expenditure to bene			g	office field	
Data	$\overline{}$	Para a sana			=
Date		Payee name			
10/16/2018	\longrightarrow	Holder, Austin			
Amount (\$)		Payee address; City; State; Zip Coo	de		
\$2	219.00	8712 Tallwood Dr			
		Austin, TX 78759-7542			
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
OF EXPENDITURE		Travel Out of District		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense	
				staff mileage	
Complete ONLY if	direct	Candidate/Officeholder name Office sour	~ht	Office held	_
Complete ONLY if on expenditure to be not not to be not not to be not not to be not to		•	gnı	Office field	
	—				_
Date		Payee name			
10/26/2018		Home Goods			
Amount (\$)	_	Payee address; City; State; Zip Coo	de		-
\$	\$34.59	12700 Shops Pky Ste #300			
		Austin, TX 78738-6598			
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description	_
OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORL				Check if Austin, TX, officeholder living expense	
				office furnishings	
Complete ONLY if on expenditure to be not not to be not not to be not not to be not to		Candidate/Officeholder name Office sou	ght	Office held	
expenditure to bene	CIII C/OIT				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/23/2018	Home Goods
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.05	12700 Shops Pky Ste #300
		Austin, TX 78738-6598
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense office furnishings
		onice furnishings
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
⊨	Date	Payee name
	11/19/2018	Home Goods
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.81	12700 Shops Pky Ste #300
		Austin, TX 78738-6598
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		office furnishings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/21/2018	IVC Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.50	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		online outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
l	07/09/2018	IVC Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$3,000.00	2700 Adams Ave
l		Ste 200
		San Diego, CA 92116-1367
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l		Check if Austin, TX, officeholder living expense online outreach
l		Offiliae outreach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
l	08/07/2018	IVC Media LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$3,000.00	2700 Adams Ave
l		Ste 200
		San Diego, CA 92116-1367
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense online outreach
		Online dureach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/21/2018	IVC Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
l	\$97.50	2700 Adams Ave
l		Ste 200
		San Diego, CA 92116-1367
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense
l	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		online outreach
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 33/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	09/07/2018	IVC Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		online outreach
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/21/2018	IVC Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.50	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online outreach
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit Great	
	Date	Payee name
	11/21/2018	IVC Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.50	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		online outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	12/10/2018	IVC Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online outreach
		Offilite outreach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	09/21/2018	IVC Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.50	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense online outreach
		onine dureach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/21/2018	IVC Media LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.50	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		online outreach
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 35/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	11/08/2018	IVC Media LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	2700 Adams Ave
		Ste 200
		San Diego, CA 92116-1367
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense online outreach
		Offine Outleach
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	08/21/2018	Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.40	1100 Commerce St
		Dallas, TX 75242-1001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense taxes
		i iii ii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	David and the second se
	Date 10/25/2018	Payee name Internal Revenue Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.40	1100 Commerce St
		Dallas, TX 75242-1001
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 36/72 Rpt:	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	
	11/20/2018	Internal Revenue Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$17.40	1100 Commerce St	
		5 II	
		Dallas, TX 75242-1001	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Des	SCription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	onice overneda/Nentai Expense	Check if Austin, TX, officeholder living expense
		taxe	es
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/21/2018	Internal Revenue Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.40	1100 Commerce St	
		Dollar TV 75242 1001	
	DUDDOCE	Dallas, TX 75242-1001	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertical Experise	Check if Austin, TX, officeholder living expense
		taxe	es
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
		T	
	Date 09/25/2018	Payee name Internal Revenue Service	
	Amount (\$) \$17.40	Payee address; City; State; Zip Code 1100 Commerce St	
	Φ17.40	1100 Commerce St	
		Dallas, TX 75242-1001	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	taxe	Check if Austin, TX, officeholder living expense
		lu l	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

		The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 37/72 Rpt:	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	<u> </u>
	07/24/2018	Internal Revenue Service	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$17.40	1100 Commerce St	
	411.10	1100 00111110100 01	
		Dallas, TX 75242-1001	
Ļ			
8	PURPOSE OF	2 (Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
-	Date	Payee name	
	10/08/2018	Jackson, Breanne	
		·	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.70	1509 Westview Ln	
		Northlake, TX 76226-1467	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense staff mileage
			stan micage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
	Date	Payee name	
	11/19/2018	Jackson, Breanne	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.87	1509 Westview Ln	
		Northlake, TX 76226-1467	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	-	Check if Austin, TX, officeholder living expense
			salary
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	emperiodical to define Green		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 38/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4 Date	5 Payee name
09/24/2018	Jackson, Breanne
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$230.87	1509 Westview Ln
	Northlake, TX 76226-1467
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	salary
	Suldity
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/13/2018	Jackson, Breanne
Amount (\$)	Payee address; City; State; Zip Code
\$18.70	1509 Westview Ln
	Northlake, TX 76226-1467
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Staff mileage
	Stati Hillougo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
10/10/2018	Jackson, Breanne
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1509 Westview Ln
	Northlake, TX 76226-1467
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	salary
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to belief of e	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
┰	Total pages Schedule F1:	
ľ		
L	Sch: 39/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/16/2018	Jackson, Breanne
╠	Amount (\$)	7 Payee address; City; State; Zip Code
ľ		1509 Westview Ln
l	\$14.60	TOOA MEZINIEM TII
		Northlake, TX 76226-1467
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		staff mileage
l		
Ļ	Commission ONUNCE !	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	SAPORGICAL CO DOTION C/OI	<u>'</u>
	Date	Payee name
	10/15/2018	Jackson, Breanne
┝	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$)	
	\$18.70	1509 Westview Ln
		Northlake, TX 76226-1467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		staff mileage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	11/19/2018	Jackson, Breanne
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$25.30	1509 Westview Ln
	Φ23.30	TOOS AAGSTAICAA FII
		Northlake, TX 76226-1467
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		staff mileage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
dash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/72 Rpt:	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	
	12/20/2018	Jackson, Breanne	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.35	1509 Westview Ln	
		Northlake, TX 76226-1467	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	Travel In District	eck if travel outside of Texas. Complete Schedule T.
			eck if Austin, TX, officeholder living expense nileage
		Stairi	Tilleage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cinide Hold
_	Date	Payee name	
	08/14/2018	Jackson, Breanne	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.90	1509 Westview Ln	
	Ψ20.30	1000 Westview En	
		Northlake, TX 76226-1467	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Descri	iption eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in District	eck if Austin, TX, officeholder living expense
		staff r	mileage
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	07/23/2018	Jackson, Breanne	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$230.87	1509 Westview Ln	
		Northlake, TX 76226-1467	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
	OF EXPENDITURE	Salaries/Wages/Contract Labor	eck if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		eck if Austin, TX, officeholder living expense
		salary	/
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Onice Held
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/24/2018	Jackson, Breanne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	1509 Westview Ln
		Northlake, TX 76226-1467
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	08/20/2018	Jackson, Breanne
	Amount (\$)	Payee address; City; State; Zip Code
	\$230.88	1509 Westview Ln
		Northlake, TX 76226-1467
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		salary
		outd.)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
 	Data	
	Date	Payee name
	10/26/2018	Jackson, Breanne
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.70	1509 Westview Ln
		Northlake, TX 76226-1467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		staff mileage
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to periorit G/OTT	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 42/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
Ļ	12/20/2018	Jackson, Breanne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$230.88	1509 Westview Ln
		Northlake, TX 76226-1467
8	DUDDOCE	
°	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		salary
	2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Data	
	Date 12/07/2018	Payee name Jackson, Breanne
	Amount (\$) \$18.70	Payee address; City; State; Zip Code 1509 Westview Ln
	Ψ10.70	1505 Westview Lii
		Northlake, TX 76226-1467
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		staff mileage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Date	Davis same
	09/21/2018	Payee name James DePiazza Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 560752
	7 200.00	. 6 26/. 666. 62
		The Colony, TX 75056-0752
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment			egal Services		Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed a	oove)
	Credit Card Payment		-	The Instruction Gu	iide explains h	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 43/72 Rpt:	N	lelson, Jane	e (The Honorab	ıle)					00020673		
4	Date	5 P	ayee name									
	09/21/2018	ı		ow Campaign								
6	Amount (\$)	7 P	ayee address	s; City;	State;	Zip Co	de					
	\$250.00	2	219 Mallard	l Court								
		L	.ewisville, T	X 75077-7670								
8	PURPOSE	-		Categories listed at t		4.4-1	(b)	Description				
	OF			S/Donations Ma		aule)	(~)	_ `	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE			fficeholder/Poli		tee		Check if Austin,	, TX,	officeholder living	g expense	
								contribution				
9	Complete ONLY if direct		ndidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date	Р	ayee name									
	09/21/2018	J	oAnn Fabrio									
	Amount (\$)	P	ayee address	s; City;	State;	Zip Co	de					
	\$45.00	1	.250 William	D Tate Ave								
		G	Grapevine, T	X 76051-4030								
	PURPOSE	(a) C	ategory (See	Categories listed at t	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ead/Rental Exp		,		Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITORE							ш	, TX,	officeholder living	g expense	
								supplies				
		<u> </u>										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		indidate/Offic	eholder name	Of	fice sou	ght			Office h	eld	
	Date	l	ayee name									
	10/03/2018	J	oAnn Fabrio									
	Amount (\$)	P	ayee addres:	s; City;	State;	Zip Co	de					
	\$62.66	1	250 William	D Tate Ave								
		G	Frapevine, T	X 76051-4030								
	PURPOSE	(a) C	ategory (See	Categories listed at t	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	E	vent Expen	se				ш			plete Schedule T.	
	ZA ZHOHOKZ							_		officeholder living	g expense	
								event decorat	แบก	15		
_	Complete ONLY if direct		ndidata/Off: -	oholder name	<u> </u>	fice cour	ah+			Office h	old	
	Complete ONLY if direct expenditure to benefit C/OI		iriuluale/OITIC	eholder name	Of	fice sou	JIIL			Office n	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 44/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4 Date	5 Payee name
09/21/2018	Joe Holland Campaign
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 304 El Paseo Denton, TX 76205-8564
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/26/2018	Konni Burton for Texas State Senate
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 1246
	Colleyville, TX 76034-1246
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/04/2018	Kowboy Kal
Amount (\$)	Payee address; City; State; Zip Code
\$650.00	120 Hill St
	Keller, TX 76248-2235
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	entertainment
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment			egal Services	us Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	category not listed abo	ove)
	Credit Card Payment			The Instruction	Guide explain	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 45/72 Rpt:	١	Nelson, Jane	e (The Honora	able)					00020673		
4	Date	5 F	Payee name									
	07/27/2018			Chamber of C	ommerce							
6	Amount (\$)	7 F	Payee address	s; City;	Stat	e; Zip Co	de					
	\$150.00	F	PO Box 1028	-								
		l	_ake Dallas.	TX 75065-10	28							
8	PURPOSE	<u> </u>					(h)	Description				
ľ	OF			e Categories listed a S/Donations N		chedule)	(5)	_ `	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			fficeholder/Po		mittee		Check if Austin,	, TX,	officeholder living	g expense	
								membership				
9	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date	F	Payee name									
	10/10/2018	L	_ake Cities (Chamber of C	ommerce							
	Amount (\$)	F	Payee addres	s; City;	Stat	e; Zip Co	de					
	\$15.00	F	PO Box 1028	В								
		L	₋ake Dallas,	TX 75065-10	28							
	PURPOSE	(a) (Category (See	e Categories listed a	t the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Contributions	s/Donations N	lade By			=			plete Schedule T.	
		(Candidate/O	fficeholder/Po	olitical Com	mittee		_		officeholder living	g expense	
								event registra	lliO	11		
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	aht			Office he	ald	
	expenditure to benefit C/OI		andidate/Onic	enoluei name		Office 30u	grit			Office file	siu	
_	Data											
	Date 11/22/2018	l	Payee name Lenovo									
				0	0	7: 0						
	Amount (\$)	l	Payee addres:		Stat	e; Zip Co	ae					
	\$1,082.49		1009 Think F	Place								
		١.										
				IC 27560-900								
	PURPOSE OF			e Categories listed a		chedule)	(b)	Description	otoi	do of Toyon Com	mlata Cabadula T	
	EXPENDITURE	(Office Overh	ead/Rental E	xpense			ш		officeholder living	plete Schedule T. a expense	
								technology ed			,	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
-	Sch: 46/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/01/2018	Lewisville ISD Education Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 643
		Lewisville, TX 75067-0643
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		charitable donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	12/11/2018	Lone Star Imprints
_	Amount (\$)	
	` '	, , , , , , , , , , , , , , , , , , ,
	\$11,848.41	530 Bedford Rd
		Ste 220
		Bedford, TX 76022-6556
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		promotional items
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit of or	
	Date	Payee name
	11/29/2018	Lone Star Imprints
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,258.03	530 Bedford Rd
		Ste 220
		Bedford, TX 76022-6556
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		promotional items
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a extraory set listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 47/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	09/17/2018	Marcus Golf Booster Club
6	Amount (\$) \$850.00	7 Payee address; City; State; Zip Code 5707 Morriss Rd
		Flower Mound, TX 75028-3730
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event sponsorship
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2018	McConnell, Michelle
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1000 Henderson St
		Apt 101
		Fort Worth, TX 76102-4563
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		event planning
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/04/2018	McConnell, Michelle
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1000 Henderson St
		Apt 101
		Fort Worth, TX 76102-4563
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		event planning
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	09/05/2018	McConnell, Michelle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	1000 Henderson St
		Apt 101
		Fort Worth, TX 76102-4563
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		event planning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a sana
	Date 08/03/2018	Payee name McConnell, Michelle
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1000 Henderson St
		Apt 101
		Fort Worth, TX 76102-4563
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event planning
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	10/04/2018	McCullough, Tina
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	PO Box 78
		Kemp, TX 75143-0078
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense entertainment
		entertainment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/17/2018	Metroplex Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	c/o Kelly Cottam
		4512 Lakeside Drive
		Colleyville, TX 76034-4526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		event sponsorship
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to beliefft G/Of	
	Date	Payee name
	10/24/2018	Michael Burgess for Congress
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 2334
		Denton, TX 76202-2334
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	08/24/2018	Michaels Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$170.47	10225 Research Blvd
		Ste 2000
		Austin, TX 78759-5750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1: Sch: 50/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673				
4	Date 09/21/2018	5 Payee name Mike Oglesby Campaign				
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code PO Box 182 Aubrey, TX 76227-0182				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contribution				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date 10/19/2018	Payee name Mitchell, Cindy				
	Amount (\$) \$223.50	Payee address; City; State; Zip Code 10817 W Highway 71 Austin, TX 78735-9609				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense staff mileage				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date 10/10/2018	Payee name Nelson, David				
	Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 3008 Pinecrest Dr				
		Austin, TX 78757-2018				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con-

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	09/19/2018	Northwest Tarrant Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	3918 Telephone Rd
		Ste 200
		Fort Worth, TX 76135-2935
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI ENDITORE	Candidate/Officeholder/Political Committee
		event registration
_	Operation ONLY & Street	Overfield to 100% or held an array of the second to 100% or held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2018	Northwest Tarrant Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$235.00	3918 Telephone Rd
		Ste 200
		Fort Worth, TX 76135-2935
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2018	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.97	1317 W State Highway 114
		Grapevine, TX 76051-8616
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		supplies
	Operation ONE VIII II	Out light 10ff on helder a country of the country o
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 52/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	07/02/2018	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.14	1317 W State Highway 114
		Grapevine, TX 76051-8616
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies
		Сарриос
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/04/2018	Office Depot
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$12.98	1317 W State Highway 114
	Ψ12.30	1011 W Glate Fighway 114
		Grapevine, TX 76051-8616
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	•
L		
	Date	Payee name
L	10/03/2018	Office Depot
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$16.17	1317 W State Highway 114
l		
		Grapevine, TX 76051-8616
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense
		supplies
\vdash	Complete ONE V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$ldsymbol{ldsymbol{ldsymbol{eta}}}$		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	09/13/2018	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.58	1317 W State Highway 114
		Grapevine, TX 76051-8616
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/28/2018	PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$274.89	PO Box 45950
		Omaha, NE 68145-0950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fees for credit card transactions
		lees for credit card transactions
	Complete ONLY if direct	Condidate/Office helder name Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
L	07/31/2018	PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$213.55	PO Box 45950
		Omaha, NE 68145-0950
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		fees for credit card transactions
	0 1. 5	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 54/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
4	Date 10/31/2018	5 Payee name PayPal	
6	Amount (\$) \$114.69	7 Payee address; City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950	
8	PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense card transactions
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 08/31/2018	Payee name PayPal	
	Amount (\$) \$289.48	Payee address; City; State; Zip Code PO Box 45950 Omaha, NE 68145-0950	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Card transactions
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/19/2018	Payee name Pedi Place	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 502 S Old Orchard Ln Ste 126 Lewisville, TX 75067-4374	
	PURPOSE OF EXPENDITURE	Contributions/Donations wade by	outside of Texas. Complete Schedule T. TX, officeholder living expense rship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica						
	Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 55/72 Rpt:	Nelson, Jane (The Honorable) 00020673					
4	Date	5 Payee name					
	08/21/2018	Re-Elect Ron Marchant Campaign					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	1828 Melton Drive					
		Carrollton, TX 75010-2020					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By					
	LA LABITORE	Candidate/Officeholder/Political Committee					
		Contribution					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	10/30/2018	Saginaw Area Chamber of Commerce					
	Amount (\$) Payee address; City; State; Zip Code						
	\$125.00	301 S Saginaw Blvd					
		Saginaw, TX 76179-1640					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By					
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		membership					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	experientare to benefit 6/01						
	Date	Payee name					
	07/19/2018	Saginaw Area Chamber of Commerce					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	301 S Saginaw Blvd					
		Saginaw, TX 76179-1640					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee					
		event sponsorship					
	Commission ONU V if allow	Constitute / Office helder name					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	•						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 56/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/02/2018	Saginaw Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	301 S Saginaw Blvd
		Saginaw, TX 76179-1640
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		event registration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	10/25/2018	Saginaw Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	301 S Saginaw Blvd
		Saginaw, TX 76179-1640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		event registration
_	Operation ONLY if allowed	Our stide to 100% as health as a sure
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/15/2018	Sam's Club Warehouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.14	9700 N Capital of Texas Hwy
		Austin, TX 78759-5819
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 57/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4 Date	5 Pavee name
	. 4,00 144.110
09/14/2018	Sam's Club Warehouse
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$153.49	9700 N Capital of Texas Hwy
	A
	Austin, TX 78759-5819
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Data	
Date	Payee name
10/04/2018	Schlackman, Stu
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	800 E Campbell Rd
	Ste 100
	Richardson, TX 75081-1841
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	staff development
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H .
Date	Payee name
11/12/2018	Senate Ladies Club
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	PO Box 12068
	Austin, TX 78711-2068
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Senate Ladies Dinner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 58/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filer ID) 00020673	ilers)
4	Date 10/16/2018	5 Payee name Senate Ladies Club	
6	Amount (\$) \$50.00	7 Payee address; City; State; Zip Code PO Box 12068 Austin, TX 78711-2068	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense member dues	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date 10/04/2018	Payee name Shipley, Steve	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 800 E Campbell Rd Ste 137 Richardson, TX 75081-1841	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense photography services	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 07/17/2018	Payee name Southlake Chamber of Commerce	
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 1501 Corporate Cir Ste 100 Southlake, TX 76092-5957	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event registration	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 59/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/31/2018	Staples
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$336.12	1201 Barbara Jordan Blvd
		Ste 700
		Austin, TX 78723-3151
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	10/02/2018	Staples
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.96	1201 Barbara Jordan Blvd
		Ste 700
		Austin, TX 78723-3151
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/23/2018	TDCJ
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.73	PO Box 4013
		Huntsville, TX 77342-4013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		item for charitable adelion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
nse Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 60/72 Rpt:	Nelson, Jane (The Honorable)	00020673
4	Date	5 Payee name	•
	08/17/2018	Target	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.89	1101 Ira E Woods Ave	
		Grapevine, TX 76051-4020	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	า
	OF EXPENDITURE	Office Overhead/Rental Expense	ravel outside of Texas. Complete Schedule T.
	-		Austin, TX, officeholder living expense
		Заррнез	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		Cinice Hold
_	Date	Payee name	
	07/27/2018	Target	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.26	1101 Ira E Woods Ave	
	Ψ23.20	1101 Ha E WOOds AVE	
		Granovino TV 76051 4020	
		Grapevine, TX 76051-4020	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead (Pontal Evapone)	ી ravel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overricaa/Neritai Expense	Austin, TX, officeholder living expense
		supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	п	
	Date	Payee name	
	11/20/2018	Target	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.67	10107 Research Blvd	
		Austin, TX 78759-5803	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	1
	OF EXPENDITURE	Onice Overricad/Nertial Expense	ravel outside of Texas. Complete Schedule T.
		Supplies	Austin, TX, officeholder living expense
		Зирупоз	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		5555.6

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter a	strict category not listed al	oove)
Credit Card Payment				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 61/72 Rpt:		Nelson, Jan	e (The Honoral	ble)					00020673		
4	Date	5	Payee name									
	10/04/2018		Target									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$21.93		1101 Ira E V	Voods Ave								
			Grapevine,	TX 76051-4020)							
8	PURPOSE	(a)	•	e Categories listed at			(b)	Description				
ľ	OF	(")		e Categories listed at nead/Rental Ex		eaule)	(~)	`	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Check if Austin,	TX,	officeholder living	g expense	
								supplies				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	C	office sou	ght			Office he	eld	
	experientare to benefit G/OI											
	Date		Payee name									
	10/10/2018		Target									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$9.62		1101 Ira E V	Voods Ave								
			Grapevine,	TX 76051-4020)							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex				=			plete Schedule T.	
								Check if Austin, supplies	, TX,	officeholder living	g expense	
								supplies				
_	Complete ONLY if direct	<u> </u>		ceholder name		office sough	aht			Office he	ald	
	expenditure to benefit C/OI		zarialaate/Onic	scholaci mame	O	mice sout	giit			Office fit	Ciu	
_	Data	_	Davis a name									
	Date 12/07/2018		Payee name									
			Target	City !!	Ctata	7:n Ca	al a					
	Amount (\$) \$127.69		Payee addres		State;	Zip Co	ae					
	Φ127.09		1001 3 100	J 200								
			Danton TV	70005 4001								
		_	Denton, TX									
	PURPOSE OF	(a)		e Categories listed at		edule)	(b)	Description Check if travel (nutei	de of Teyes Com	iplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Pol		ittee		ш		officeholder living		
								items for char				
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	office sou	ght			Office he	eld	
	expenditure to benefit C/OI	Н										
1												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	12/19/2018	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$89.83	1101 Ira E Woods Ave
		Grapevine, TX 76051-4020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		supplies
		обружения по
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davies same
	Date 10/02/2018	Payee name Torget
		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.82	1101 Ira E Woods Ave
		Grapevine, TX 76051-4020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
_		
	Date	Payee name
	11/16/2018	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation for Senate charity
	Complete ONII V if allows at	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 63/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	12/17/2018	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$950.00	PO Box 12068
		Austin, TX 78711-2068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Senate members lounge fee
		Schale members lounge lee
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	
	Date	Payee name
	11/09/2018	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.50	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		event sponsorship
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	09/27/2018	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$517.50	PO Box 12068
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/09/2018	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	PO Box 12068
		Austin, TX 78711-2068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Зиррисэ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	D :	
	Date	Payee name
	12/13/2018	Texas Strong Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	c/o Susan Parker
		8816 Crestview Drive
		Denton, TX 76207-8600
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		membership
	Complete ONLY if direct	Condidate/Office helds name Office accepts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/06/2018	Texas Strong Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	c/o Susan Parker
		8816 Crestview Drive
		Denton, TX 76207-8600
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GRZ	Candidate/Officeholder/Political Committee
		event registration
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1: Sch: 65/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable)		3 Filer ID (Ethics Commission Filers) 00020673
4	Date 07/21/2018	5 Payee name UBER		
6	Amount (\$) \$8.37	7 Payee address; City; State; Zip Co 1455 Market St San Francisco, CA 94103-1331	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soul	ght	Office held
	Date 08/02/2018	Payee name UBER		
	Amount (\$) \$97.21	Payee address; City; State; Zip Co 1455 Market St San Francisco, CA 94103-1331	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff mileage/ride share fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
	Date 09/15/2018	Payee name UBER		
	Amount (\$) \$43.59	Payee address; City; State; Zip Co 1455 Market St	de	
		San Francisco, CA 94103-1331		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ride share fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

rrsement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Lahor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 66/72 Rpt:	Nelson, Jane (The Honorable) 00020673	
4	Date	5 Payee name	_
	12/04/2018	UBER	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.13	1455 Market St	
		San Francisco, CA 94103-1331	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense staff mileage/ride share fee	
		Stall Hilloage/flac Share fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	12/11/2018	United States Postal Service	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.05	1251 William D Tate Ave	
	ψ0.03	1201 William D Tate /WC	
		Grapevine, TX 76051-4000	
L	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		postage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/18/2018	United States Postal Service	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.15	1251 William D Tate Ave	
		Grapevine, TX 76051-4000	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	-	Check if Austin, TX, officeholder living expense postage	
l		postage	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	y	
\vdash			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 67/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4	Date	5 Payee name
	12/19/2018	United States Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.00	1251 William D Tate Ave
		Grapevine, TX 76051-4000
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		postage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2018	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	1251 William D Tate Ave
		Grapevine, TX 76051-4000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense postage
		μυσιαψε
_	Complete ONLY if direct	Candidata/Officahaldar paga
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2018	Walmart
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.96	710 E Ben White Blvd
		Austin, TX 78704-7404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		gifts for central staff
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DELIETT C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	/Contract Labor		OTHER (enter a	a category not listed ab	ove)
		_		The Instruction G	uide expiains i	now to co	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 68/72 Rpt:		Nelson, Jan	e (The Honora	ble)					00020673		
4	Date	5	Payee name									
	08/24/2018		Ware, Micha	ael & Anne								
6	Amount (\$)	7	Payee address	ss; City;	State;	Zip Co	de					
	\$4,000.00		3204 Rivery	vood Dr								
			Fort Worth,	TX 76116-956)							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF			nead/Rental Ex		<i>'</i>		_			nplete Schedule T.	
	EXPENDITURE				•			X Check if Austin,	, TX,	officeholder livin	g expense	
								Austin lease				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	H										
	Date		Payee name									
	09/24/2018		Ware, Micha	ael & Anne								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$4,000.00		3204 Rivery	vood Dr								
			Fort Worth,	TX 76116-956	0							
	PURPOSE	(a)	Category (sc	e Categories listed at	the top of this sch	adula)	(b)	Description				
	OF	<u> </u> `		nead/Rental Ex		cuuic)	` ,		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							X Check if Austin,	, TX,	officeholder livin	g expense	
								Austin lease				
	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/21/2018		Ware, Micha	ael & Anne								
	Amount (\$)	H	Payee addres	ss; City;	State;	Zip Co	de					
	\$4,000.00		3204 Rivery	vood Dr								
	,											
			Fort Worth	TX 76116-956	า							
	PURPOSE	(0)					(h)	Description				
	OF	(a)		e Categories listed at		edule)	(D)	Description Check if travel (nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			<u></u>		officeholder livin		
								Austin lease			3 - 1	
								-				
	Complete ONLY if direct		 Candidate/Offi	ceholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O						J					
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 69/72 Rpt:	2 FILER NAME Nelson, Jane (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020673
4	Date	5 Payee name
	07/25/2018	Ware, Michael & Anne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	3204 Riverwood Dr
		Fort Worth, TX 76116-9560
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		x Check if Austin, TX, officeholder living expense Austin lease
		Austiniease
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Data	
	Date	Payee name
	10/25/2018	Ware, Michael & Anne
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	3204 Riverwood Dr
		Fort Worth, TX 76116-9560
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Austin lease
		Austin lease
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2018	Ware, Michael & Anne
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3204 Riverwood Dr
		Fort Worth, TX 76116-9560
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Austin lease deposit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Food/Beverage Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula E4:	,
1	Total pages Schedule F1:	
	Sch: 70/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
L	11/23/2018	Ware, Michael & Anne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	3204 Riverwood Dr
		Fort Worth, TX 76116-9560
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Austin lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
H	Date	Payee name
	09/18/2018	West Tarrant Chamber of Commerce
_		
	Amount (\$)	
	\$15.00	PO Box 10005
L		Fort Worth, TX 76114-0005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		event registration
_	Computate ONU V If allows	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	07/17/2018	West Tarrant Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	PO Box 10005
		Fort Worth, TX 76114-0005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LIIDITOILE	Candidate/Officeholder/Political Committee
		event registration
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/Of	•

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 71/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	08/14/2018	White Settlement Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 150578
		Fort Worth, TX 76108-0578
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		event registration
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/11/2018	White Settlement Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	PO Box 150578
	Ψ13.00	1 O BOX 130370
		TV T0400 0FT0
		Fort Worth, TX 76108-0578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		membership
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/09/2018	White Settlement Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 150578
		Fort Worth, TX 76108-0578
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 72/72 Rpt:	Nelson, Jane (The Honorable) 00020673
4	Date	5 Payee name
	10/13/2018	Winburn, Aimee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	600 Wynn Mountain Rd
		Mineral Wells, TX 76067-1680
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		professional service
		professional service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to beliefit 6/01	'
	Date	Payee name
	08/15/2018	ZTA Foundation
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1036 S Rangeline Rd
		ů
		Carmel, IN 46032-2544
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		donation to breast cancer awareness event
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	•
┡		

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 1/5 Rpt: 140/203		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
Nelson, Jane (The	Honorable)	00020673		
Date 07/31/2018	 5 Name of person from whom investment is purchased Fidelity Investments 6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd 	; State; Zip Code		
	Southlake, TX 76092			
	7 Description of investment reinvested cash income			
	8 Amount of investment (\$) 447.37			
Date 07/31/2018	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City			
	1576 E Southlake Blvd Southlake, TX 76092 Description of investment reinvested cash income			
	Amount of investment (\$) 326.63			
Date 07/31/2018	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code		
	Southlake, TX 76092			
	Description of investment reinvested cash income			
	Amount of investment (\$) 518.54			
Date 08/31/2018	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code		
	Southlake, TX 76092			
	Description of investment reinvested cash income			
	Amount of investment (\$) 447.24			

The Instr	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 2/5 Rpt: 141/203
FILER NAME Nelson, Jane (The	e Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
Date	5 Name of person from whom investment is purchased	
08/31/2018	Fidelity Investments	
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	State; Zip Code
	Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 427.26	
Date 08/31/2018	Name of person from whom investment is purchased Fidelity Investments Address of person from whom investment is purchased; City 1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 529.10	
Date	Name of person from whom investment is purchased	
09/28/2018	Fidelity Investments	
	Address of person from whom investment is purchased; City	; State; Zip Code
	1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$) 432.75	
Date	Name of person from whom investment is purchased	
09/28/2018	Fidelity Investments	
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 428.87	

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 3/5 Rpt: 142/203
FILER NAME Nelson, Jane (The	. Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
<u> </u>		00020073
Date 09/28/2018	5 Name of person from whom investment is purchased	
09/20/2016	Fidelity Investments	Ober 75 Ords
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$)	
	515.65	
Date	Name of person from whom investment is purchased	
10/31/2018	Fidelity Investments	
	Address of person from whom investment is purchased; City	
	1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$)	
	469.45	
Date	Name of person from whom investment is purchased	
10/31/2018	Fidelity Investments	
	Address of person from whom investment is purchased; City	; State; Zip Code
	1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$)	
	347.99	
Date	Name of person from whom investment is purchased	
10/31/2018	Fidelity Investments	
	Address of person from whom investment is purchased; City	; State; Zip Code
	1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$)	
	547.03	

The Instru	uction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 4/5 Rpt: 143/203		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
Nelson, Jane (The	Honorable)	00020673		
Date	5 Name of person from whom investment is purchased			
11/30/2018	Fidelity Investments			
	6 Address of person from whom investment is purchased; City	; State; Zip Code		
	1576 E Southlake Blvd			
	Southlake, TX 76092			
	7 Description of investment			
	reinvested cash income			
	8 Amount of investment (\$)			
	463.83			
Date	Name of person from whom investment is purchased			
11/30/2018	Fidelity Investments			
	Address of person from whom investment is purchased; City			
	1576 E Southlake Blvd			
	Southlake TV 76002			
	Southlake, TX 76092 Description of investment			
	reinvested cash income			
	Amount of investment (\$)			
	376.26			
Date	Name of person from whom investment is purchased			
11/30/2018	Fidelity Investments			
	Address of person from whom investment is purchased; City	; State; Zip Code		
	1576 E Southlake Blvd			
	Southlake, TX 76092			
	Description of investment			
	reinvested cash income			
	Amount of investment (\$)			
	521.44			
Date	Name of person from whom investment is purchased			
12/27/2018	Fidelity Investments			
	Address of person from whom investment is purchased; City			
	1576 E Southlake Blvd			
	Southlake, TX 76092			
	Description of investment			
	reinvested cash income			
	Amount of investment (\$)			
	148.92			

The Instr	ruction Guide explains how to complete this form.	1 Total pages Schedule F3: Sch: 5/5 Rpt: 144/203
FILER NAME Nelson, Jane (Th	e Honorable)	3 Filer ID (Ethics Commission Filers) 00020673
Date	5 Name of person from whom investment is purchased	
12/27/2018	Fidelity Investments	
	6 Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	7 Description of investment reinvested cash income	
	8 Amount of investment (\$) 409.85	
Date 12/31/2018	Name of person from whom investment is purchased Fidelity Investments	
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 495.17	
Date	Name of person from whom investment is purchased	
12/31/2018	Fidelity Investments	
	Address of person from whom investment is purchased; City	; State; Zip Code
	1576 E Southlake Blvd	
	Southlake, TX 76092	
	Description of investment	
	reinvested cash income	
	Amount of investment (\$) 379.35	
Date	Name of person from whom investment is purchased	
12/31/2018		
	Address of person from whom investment is purchased; City 1576 E Southlake Blvd	; State; Zip Code
	Southlake, TX 76092	
	Description of investment reinvested cash income	
	Amount of investment (\$) 559.38	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date Payee name 09/20/2018 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$30.53 PO Box 6463 Carol Stream, IL 60197-6463 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/2018 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$30.52 PO Box 6463 Carol Stream, IL 60197-6463 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date Payee name 08/21/2018 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$30.53 PO Box 6463 Carol Stream, IL 60197-6463 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/20/2018 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$30.52 PO Box 6463 Carol Stream, IL 60197-6463 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date Payee name 11/19/2018 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$30.52 PO Box 6463 Carol Stream, IL 60197-6463 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/22/2018 AT&T Mobility Amount (\$) Payee address; City; State; Zip Code \$30.53 PO Box 6463 Carol Stream, IL 60197-6463 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 09/30/2018 AT&T Retail Store Amount (\$) Payee address; State; Zip Code \$580.74 3329 Oak Lawn Ave Dallas, TX 75219-4213 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology equipment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/01/2018 AT&T Retail Store Amount (\$) Payee address; City; State; Zip Code \$111.37 3634 Long Prairie Rd Flower Mound, TX 75022-2745 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology equipment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 09/17/2018 AT&T Retail Store Amount (\$) Payee address; State; Zip Code \$582.39 3634 Long Prairie Rd Flower Mound, TX 75022-2745 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology equipment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/23/2018 AT&T Amount (\$) Payee address; City; State; Zip Code \$227.53 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/11/2018 AT&T Amount (\$) Payee address; State; Zip Code City; \$287.23 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/11/2018 AT&T Amount (\$) Payee address; City; State; Zip Code \$333.85 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/11/2018 AT&T Amount (\$) Payee address; State; Zip Code City; \$205.87 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/11/2018 AT&T Amount (\$) Payee address; City; State; Zip Code \$180.87 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/23/2018 AT&T Amount (\$) Payee address; State; Zip Code City; \$172.08 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/11/2018 AT&T Amount (\$) Payee address; City; State; Zip Code \$247.87 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/24/2018 AT&T Amount (\$) Payee address; State; Zip Code City; \$204.56 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/23/2018 AT&T Amount (\$) Payee address; City; State; Zip Code \$115.61 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/24/2018 AT&T Amount (\$) Payee address; State; Zip Code City; \$151.03 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/23/2018 AT&T Amount (\$) Payee address; City; State; Zip Code \$172.08 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/11/2018 AT&T Amount (\$) Payee address; State; Zip Code City; \$205.87 PO Box 630047 Dallas, TX 75263-0047 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense communications 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/18/2018 Amazon.com Payee address: Amount (\$) City; State; Zip Code \$107.09 2250 1st Ave S Seattle, WA 98134-1408 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/12/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$12.94 2250 1st Ave S Seattle, WA 98134-1408 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/19/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$236.57 2250 1st Ave S Seattle, WA 98134-1408 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 08/24/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$206.96 2250 1st Ave S Seattle, WA 98134-1408 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense wedding gift for staff 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/17/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$140.71 2250 1st Ave S Seattle, WA 98134-1408 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/20/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$21.19 2250 1st Ave S Seattle, WA 98134-1408 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/09/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$36.99 2250 1st Ave S Seattle, WA 98134-1408 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 09/07/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$9.95 2250 1st Ave S Seattle, WA 98134-1408 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2018 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$29.95 2250 1st Ave S Seattle, WA 98134-1408 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense gift for central staff Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/16/2018 Aristotle Amount (\$) Payee address; City; State; Zip Code \$1,950.00 205 Pennsylvania Ave SE Washington, DC 20003-1164 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology services 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/16/2018 Aristotle Amount (\$) Payee address; City; State; Zip Code \$1,950.00 205 Pennsylvania Ave SE Washington, DC 20003-1164 TYPE OF Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/29/2018 Avangate.com Amount (\$) Payee address; State; Zip Code City; \$119.04 555 Twin Dolphin Dr Redwood City, CA 94065-2129 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense computer software 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/12/2018 Avangate.com Payee address; Amount (\$) City; State; Zip Code \$79.95 555 Twin Dolphin Dr Redwood City, CA 94065-2129 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense computer software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 07/11/2018 Avis Rent A Car Amount (\$) Payee address; City; State; Zip Code \$51.57 3600 Presidential Blvd Austin, TX 78719 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense car rental 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2018 Avis Rent A Car Amount (\$) Payee address; City; State; Zip Code \$107.38 3600 Presidential Blvd Austin, TX 78719 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense car rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date Payee name 07/29/2018 Best Buy Amount (\$) Payee address; City; State; Zip Code \$508.75 4970 West US Highway 290 Service Road Austin, TX 78735 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology equipment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/28/2018 **Best Buy** Payee address: Amount (\$) City; State; Zip Code \$88.73 6060 Long Prairie Rd Flower Mound, TX 75028-2598 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/01/2018 Best Buy Amount (\$) Payee address; State; Zip Code City; \$60.61 6060 Long Prairie Rd Flower Mound, TX 75028-2598 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense technology supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/04/2018 **Bullock Texas State History Museum** Amount (\$) Payee address; City; State; Zip Code \$6,866.16 1800 Congress Ave Austin, TX 78701-1342 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee items for charitable auctions Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/17/2018 **Bullock Texas State History Museum** Amount (\$) Payee address; City; State; Zip Code \$340.27 1800 Congress Ave Austin, TX 78701-1342 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense gifts for constituents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/08/2018 CASA of Denton County Amount (\$) Payee address; City; State; Zip Code \$1,500.00 614 N Bell Ave Denton, TX 76209-4276 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/11/2018 Capitol Extension Gift Shop Amount (\$) Payee address; State; Zip Code City; \$446.53 1400 Congress Ave # E1.006 Austin, TX 78701-1932 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense items for charitable donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/29/2018 Capitol Extension Gift Shop Payee address: Amount (\$) City; State; Zip Code \$476.30 1400 Congress Ave # E1.006 Austin, TX 78701-1932 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense gifts for constituents Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/04/2018 Capitol Extension Gift Shop Amount (\$) Payee address; State; Zip Code City; \$381.04 1400 Congress Ave # E1.006 Austin, TX 78701-1932 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense gifts for staff 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/05/2018 Capitol Extension Gift Shop Payee address: Amount (\$) City; State; Zip Code \$25.10 1400 Congress Ave # E1.006 Austin, TX 78701-1932 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee items for charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/05/2018 Central Market Amount (\$) Payee address; City; State; Zip Code \$662.49 4001 N Lamar Blvd Austin, TX 78756-3733 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meals for staff 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/20/2018 Cloud 9 Charities Amount (\$) Payee address; City; State; Zip Code \$262.12 2221 Justin Rd Ste 119 Flower Mound, TX 75028-4824 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event registration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/53 Rpt: Nelson, Jane (The Honorable) 00020673 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 07/13/2018 Dallas Young Republicans Amount (\$) Payee address; City; State; Zip Code \$500.00 2807 Allen St #370 Dallas, TX 75204-1031 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/26/2018 **Denton County Friends Of The Family** Amount (\$) Payee address; City; State; Zip Code \$315.00 PO Box 640 Denton, TX 76202-0640 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event registration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/53 Rpt: Nelson, Jane (The Honorable) 00020673 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/10/2018 **Denton County Friends Of The Family** Amount (\$) Payee address; City; State; Zip Code \$225.00 PO Box 640 Denton, TX 76202-0640 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense charitable donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2018 Denton County Friends Of The Family Amount (\$) Payee address; City; State; Zip Code \$400.00 PO Box 640 Denton, TX 76202-0640 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/53 Rpt: Nelson, Jane (The Honorable) 00020673 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/01/2018 Frisco Printing & Graphics Center Amount (\$) Payee address; City; State; Zip Code \$880.68 8585 John Wesley Dr Frisco, TX 75034-5687 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense printing 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/06/2018 Frisco Printing & Graphics Center Payee address: Amount (\$) State; Zip Code \$4,489.69 8585 John Wesley Dr Frisco, TX 75034-5687 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense printing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 07/30/2018 GAME Fundraising - Rubber Duck Races Amount (\$) Payee address; City; State; Zip Code \$221.55 16444 N 91st St Scottsdale, AZ 85260-1567 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense event sponsorship for the Cross Timbers Rotary 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/12/2018 Gaylord Texan Resort And Convention Ctr. Amount (\$) Payee address; City; State; Zip Code \$7,643.76 1501 Gaylord Trl Grapevine, TX 76051-1945 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense staff retreat Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/53 Rpt: Nelson, Jane (The Honorable) 00020673 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/08/2018 Gaylord Texan Resort And Convention Ctr. Amount (\$) Payee address; City; State; Zip Code \$5,157.68 1501 Gaylord Trl Grapevine, TX 76051-1945 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense deposit for staff retreat 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/18/2018 **Grapevine Convention & Visitors Center** Amount (\$) Payee address; City; State; Zip Code \$250.00 636 S Main St Grapevine, TX 76051-5340 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event registration Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/14/2018 **Grapevine Convention & Visitors Center** Amount (\$) Payee address; City; State; Zip Code \$134.00 636 S Main St Grapevine, TX 76051-5340 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense charitable donation 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/13/2018 **Hyatt Regency Lost Pines** Amount (\$) Payee address; City; State; Zip Code \$208.20 575 Hyatt Lost Pines Rd Cedar Creek, TX 78612-4136 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense lodging for conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 08/03/2018 JW Marriott Hotel Los Angeles Amount (\$) Payee address; City; State; Zip Code \$2,984.13 900 W Olympic Blvd Los Angeles, CA 90015-1338 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense staff lodging for NCSL 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2018 LUCE Photography Amount (\$) Payee address; City; State; Zip Code \$1,585.86 550 Reserve St # 190 Southlake, TX 76092-1455 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense photography services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 12/05/2018 Mandola's Italian Restaurant Amount (\$) Payee address; City; State; Zip Code \$630.79 4700 West Guadalupe St. Austin, TX 78751-3778 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meals for staff 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/20/2018 Neiman Marcus Last Call Amount (\$) Payee address; City; State; Zip Code \$150.72 111 Customer Way Irving, TX 75039-3607 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense gifts for Senators Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/11/2018 North 100 North 100 Amount (\$) Payee address; State; Zip Code City; \$137.99 500 W 2nd St Ste 12 Austin, TX 78701-4673 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meals for officeholder meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/11/2018 Office Depot Amount (\$) Payee address; City; State; Zip Code \$92.91 6060 Long Prairie Rd Flower Mound, TX 75028-5615 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 34/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/18/2018 Office Depot Amount (\$) Payee address; State; Zip Code \$122.86 6060 Long Prairie Rd Ste 300 Flower Mound, TX 75028-5615 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **Oriental Trading Company** 10/02/2018 Amount (\$) Payee address; City; State; Zip Code \$78.93 4206 S 108th St Omaha, NE 68137-1215 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 09/14/2018 **Oriental Trading Company** Amount (\$) Payee address; State; Zip Code City; \$94.92 4206 S 108th St Omaha, NE 68137-1215 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/03/2018 Pedi Place Amount (\$) Payee address; City; State; Zip Code \$240.00 502 S Old Orchard Ln Ste 126 Lewisville, TX 75067-4374 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 12/04/2018 Pedi Place Amount (\$) Payee address; City; State; Zip Code \$1,250.00 502 S Old Orchard Ln Ste 126 Lewisville, TX 75067-4374 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense event sponsorship 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/20/2018 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$67.63 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 37/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/19/2018 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$80.43 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/19/2018 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$81.59 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 10/19/2018 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$237.84 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/19/2018 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$123.96 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/20/2018 Ready Refresh Amount (\$) Payee address; City; State; Zip Code \$83.99 900 Long Ridge Rd Bldg 2 Stamford, CT 06902-1140 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/27/2018 Rick Green and Associates Amount (\$) Payee address; City; State; Zip Code \$152.00 PO Box 900 Dripping Springs, TX 78620-0900 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense educational resources Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 40/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name Date 10/24/2018 Rosa Mexicano Amount (\$) Payee address; State; Zip Code City; \$133.15 800 W Olympic Blvd Los Angeles, CA 90015-1360 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff meals 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/07/2018 RushTrips Transportation, LLC Amount (\$) Payee address; City; State; Zip Code \$300.00 2100 Shumard Ln Flower Mound, TX 75028-7639 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense transportation fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/14/2018 Sam's Club Warehouse Amount (\$) Payee address; State; Zip Code \$54.10 9700 N Capital of Texas Hwy Austin, TX 78759-5819 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/08/2018 Target.com Payee address: Amount (\$) City; State; Zip Code \$21.63 1000 Nicollet Mall Minneapolis, MN 55403-2542 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 42/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/07/2018 Target.com Amount (\$) Payee address; State; Zip Code City; \$140.14 1000 Nicollet Mall Minneapolis, MN 55403-2542 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/15/2018 Target.com Payee address: Amount (\$) City; State; Zip Code \$33.54 1000 Nicollet Mall Minneapolis, MN 55403-2542 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 43/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 12/21/2018 Target.com Amount (\$) Payee address; State; Zip Code City; \$21.64 1000 Nicollet Mall Minneapolis, MN 55403-2542 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 09/20/2018 Target Amount (\$) Payee address; City; State; Zip Code \$144.58 5959 Long Prairie Rd Flower Mound, TX 75028-2224 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/04/2018 **Target** Amount (\$) Payee address; City; State; Zip Code \$106.00 10107 Research Blvd Austin, TX 78759-5803 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense graduation gift for staff 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/06/2018 Taverna Amount (\$) Payee address; City; State; Zip Code \$107.43 258 W 2nd St Austin, TX 78701-4160 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meals for officeholder meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 45/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/03/2018 The Dani Creative Amount (\$) Payee address; State; Zip Code \$243.75 607 Woodward St. #214 Austin, TX 78704 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense professional service 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name The Mayflower Hotel 08/10/2018 Amount (\$) Payee address; City; State; Zip Code \$544.55 1127 Connecticut Ave NW Washington, DC 20036-4301 **TYPE OF** Political Non-Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense officerholder lodging Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 46/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/02/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$91.09 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense utilities 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/11/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$162.75 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense utilities Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 47/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 11/10/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$162.75 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense utilities 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/11/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$165.20 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense utilities Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 48/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/10/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$125.09 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense utilities 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 08/20/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$101.96 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** X Check if Austin, TX, officeholder living expense utilities Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 49/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 08/02/2018 Time Warner Cable Amount (\$) Payee address; City; State; Zip Code \$91.09 PO Box 85100 Austin, TX 78708-5100 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense utilities 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/04/2018 Tom Thumb Amount (\$) Payee address; City; State; Zip Code \$533.93 4301 Cross Timbers Rd Flower Mound, TX 75028-3004 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense meals for volunteers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 50/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/26/2018 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$4,001.75 1251 William D Tate Ave Grapevine, TX 76051-4000 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense postage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/12/2018 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$501.75 1251 William D Tate Ave Grapevine, TX 76051-4000 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense postage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 51/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 09/10/2018 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$301.75 1251 William D Tate Ave Grapevine, TX 76051-4000 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense postage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/13/2018 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$6,001.75 1251 William D Tate Ave Grapevine, TX 76051-4000 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense postage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 52/53 Rpt: Nelson, Jane (The Honorable) 00020673 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/15/2018 United States Postal Service Amount (\$) Payee address; City; State; Zip Code \$125.00 1251 William D Tate Ave Grapevine, TX 76051-4000 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense box rental 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/01/2018 iFratelli Pizza Amount (\$) Payee address; City; State; Zip Code \$60.72 2600 E Southlake Blvd Ste 110 Southlake, TX 76092-8009 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 53/53 Rpt: Nelson, Jane (The Honorable) 00020673 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 07/25/2018 iFratelli Pizza Amount (\$) Payee address; City; State; Zip Code \$55.14 2600 E Southlake Blvd Ste 110 Southlake, TX 76092-8009 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense staff meals 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/6 Rpt: 198/203	
2	FILER NAME		3	Filer II	C (Ethics Commission File	ers)
	Nelson, Jane	0673				
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	07/31/2018	Fidelity Investments				47.37
	***************************************	6 Address of person from whom amount is received; City; State; Zip Code				
		• Address of person from whom amount is received, City, State, 2ip Code				
		Southlake, TX 76092-6421				
		_	1000		1	
			olitic	al con	tribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2018	Fidelity Investments			\$3	26.63
		Address of person from whom amount is received; City; State; Zip Code			•	
		Southlake, TX 76092-6421				
		Purpose for which amount is received Check if po	olitic	al con	tribution returned to filer	
		cash dividend received				
	5 .				T	
	Date	Name of person from whom amount is received			Amount (\$)	00.01
	07/31/2018	Fidelity Investments			\$4	00.61
		Address of person from whom amount is received; City; State; Zip Code				
		Carribballia TV 70000 0404				
		Southlake, TX 76092-6421				
			olitic	al con	tribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	07/31/2018	Fidelity Investments				18.54
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
		Purpose for which amount is received Check if po	olitic	al con	tribution returned to filer	
		cash dividend received				
	Data				A (d)	
	Date	Name of person from whom amount is received			Amount (\$)	47.04
	08/31/2018	Fidelity Investments			 	47.24
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
		Purpose for which amount is received	olitic	al con	tribution returned to filer	
		cash dividend received				

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 2/6 Rpt: 199/203	
2	FILER NAME		3	Filer I	D (Ethics Commission Fi	lers)
	Nelson, Jane	0673				
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	08/31/2018	Fidelity Investments				427.26
		6 Address of person from whom amount is received; City; State; Zip Code				
		• Address of person from whom amount is received, City, State, 2ip Code				
		Southlake, TX 76092-6421				
		_	. 1141	1	taile ation and an file of	
		cash dividend received	Olitic	cai con	tribution returned to filer	
		Cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/31/2018	Fidelity Investments			\$4	404.94
		Address of person from whom amount is received; City; State; Zip Code	•••••		1	
		Southlake, TX 76092-6421				
		Purpose for which amount is received Check if po	olitic	cal con	tribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/31/2018	Fidelity Investments				529.10
	00/31/2010				^Ψ `	323.10
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
			alitic	sal con	<u> </u> tribution returned to filer	
		cash dividend received	JIILIC	ai con	inbulion returned to mer	
	Date	Name of person from whom amount is received			Amount (\$)	
	09/28/2018	Fidelity Investments				432.75
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
		Purpose for which amount is received	olitic	cal con	tribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/28/2018	Fidelity Investments				407.04
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, Gity, State, 21p code				
		Southlake, TX 76092-6421				
			litic	eal con	<u>I</u> tribution returned to filer	
		cash dividend received	JIILII(Jai 0011	ansauon returned to mer	
		585 3doita 10001104				

	The Instru	ction Guide explains how to complete this form.	1		al pages Schedule K: u: 3/6 Rpt: 200/203	
2	FILER NAME		3	Filer	ID (Ethics Commission Filers)	
	Nelson, Jane	20673				
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	09/28/2018	Fidelity Investments			\$428.8	37
	03/20/2010					,
		6 Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
		7 Purpose for which amount is received	olitic	cal co	ontribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/28/2018	Fidelity Investments			\$515.6	35
	03/20/2010					,,
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
		Purpose for which amount is received	olitio	cal co	ontribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2018	Fidelity Investments			\$469.4	15
	10/01/2010					.0
		Address of person from whom amount is received; City; State; Zip Code				
		Southlake, TX 76092-6421				
			olitic	cal co	ontribution returned to filer	
		cash dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2018	Fidelity Investments			\$347.9	99
		Address of person from whom amount is received; City; State; Zip Code				
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		Southlake, TX 76092-6421				
			. 1:4: -		natula visia a matuusa ad ta fila s	
		cash dividend received	JIILIC	cai co	ontribution returned to filer	
		Casif dividend received				
	Date	Name of person from whom amount is received			Amount (\$)	
	10/31/2018	Fidelity Investments			\$463.4	41
		Address of person from whom amount is received; City; State; Zip Code				
		, ,, ,				
		Southlake, TX 76092-6421				
			ali+i/	al co		
		cash dividend received	אוונו(aı cu	munulion returned to lilei	
		Cash aiviacha icociyea				

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 4/6 Rpt: 201/203
2	FILER NAME		3	Filer	ID (Ethics Commission Filers)
	Nelson, Jane	e (The Honorable)		0002	20673
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	10/31/2018	Fidelity Investments			\$547.0
	10/01/2010				
		6 Address of person from whom amount is received; City; State; Zip Code			
		Southlake, TX 76092-6421			
				!	atuibutian natuusad ta filan
		cash dividend received	politi	cai coi	ntribution returned to filer
		Cash dividend received			
	Date	Name of person from whom amount is received			Amount (\$)
	11/30/2018	Fidelity Investments			\$463.8
		Address of person from whom amount is received; City; State; Zip Code			····
		Southlake, TX 76092-6421			
		Purpose for which amount is received	politi	cal co	ntribution returned to filer
		cash dividend received			
	Date	Name of person from whom amount is received			Amount (\$)
	11/30/2018	Fidelity Investments			\$376.2
		Address of person from whom amount is received; City; State; Zip Code			
		· · · · · · · · · · · · · · · · · · ·			
		Southlake, TX 76092-6421			
		Purpose for which amount is received	politi	cal co	ntribution returned to filer
		cash dividend received			
	Date	Name of person from whom amount is received			Amount (\$)
	11/30/2018	Fidelity Investments			\$463.5
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, Gity, State, Zip Code			
		Southlake, TX 76092-6421			
			noliti	cal co	
		cash dividend received	ponti	cai coi	ithibation retained to life
					T
	Date	Name of person from whom amount is received			Amount (\$)
	11/30/2018	Fidelity Investments			\$521.4
		Address of person from whom amount is received; City; State; Zip Code			
		Southlake, TX 76092-6421			
			politi	cal co	ntribution returned to filer
L		cash dividend received			

	The Instru	cti	on Guide explains how to complete this form.	1		pages Schedule K: 5/6 Rpt: 202/203
2	FILER NAME			3	Filer	D (Ethics Commission Filers)
	Nelson, Jane	0673				
4	Date	5	Name of person from whom amount is received			8 Amount (\$)
	12/27/2018		Fidelity Investments			\$148.92
		6	Address of person from whom amount is received; City; State; Zip Code			"
			Southlake, TX 76092-6421			
		7		f naliti	aal aan	tribution returned to filer
		ľ	cash dividend received	politi	cai coi	tribution returned to filer
		<u> </u>				T
	Date		Name of person from whom amount is received			Amount (\$)
	12/27/2018	ļ	Fidelity Investments			\$409.85
			Address of person from whom amount is received; City; State; Zip Code			
			Southlake, TX 76092-6421			
		H		f noliti	cal cor	I tribution returned to filer
			cash dividend received	роли	oa. oo.	
	Date	_	Name of person from whom amount is received			Amount (\$)
	12/31/2018		Fidelity Investments			\$495.17
	12/01/2010	ļ	Address of person from whom amount is received; City; State; Zip Code			
			Address of person from whom amount is received, City, State, 2ip Code			
			Southlake, TX 76092-6421			
			Purpose for which amount is received	fpoliti	cal cor	tribution returned to filer
			cash dividend received			
	Date		Name of person from whom amount is received			Amount (\$)
	12/31/2018		Fidelity Investments			\$379.35
		ļ	Address of person from whom amount is received; City; State; Zip Code			"
		L	Southlake, TX 76092-6421			
				f politi	cal cor	tribution returned to filer
		<u> </u>	cash dividend received			
	Date		Name of person from whom amount is received			Amount (\$)
	12/31/2018	ļ	Fidelity Investments			\$502.57
			Address of person from whom amount is received; City; State; Zip Code			
			Southlake, TX 76092-6421			
		\vdash		f noli+	cal acr	tribution returned to filer
			cash dividend received	holi	cai cor	tribution returned to filer
			odon dividona roccivos			

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 203/203 2 FILER NAME Filer ID (Ethics Commission Filers) Nelson, Jane (The Honorable) 00020673 8 Amount (\$) Date 5 Name of person from whom amount is received 12/31/2018 **Fidelity Investments** \$559.38 6 Address of person from whom amount is received; City; State; Zip Code Southlake, TX 76092-6421 Purpose for which amount is received Check if political contribution returned to filer cash dividend received Amount (\$) Date Name of person from whom amount is received 10/03/2018 New Allies Properties, LLC \$2,400.00 Address of person from whom amount is received; City; State; Zip Code Dripping Springs, TX 78620 Purpose for which amount is received Check if political contribution returned to filer refund of deposit